REPORT ON THE COST REPORT REVIEW

ARROWHEAD REGIONAL MEDICAL CENTER
COLTON, CALIFORNIA
PROVIDER NUMBERS: HSC/ZZT 30245W
NPI: 1790781169, 1477623759

FISCAL PERIOD ENDED JUNE 30, 2007

Audits Section—Rancho Cucamonga Financial Audits Branch Audits and Investigations Department of Health Care Services

Section Chief: Julio M. Cueto Audit Supervisor: Lucia Martinez Auditor: Daniela Bita Mocanu



State of California—Health and Human Services Agency

Department of Health Care Services



NOV 17 2009

Arvind Oswald, Controller Arrowhead Regional Medical Center 400 North Pepper Avenue Colton, CA 92324-1819

PROVIDER: ARROWHEAD REGIONAL MEDICAL CENTER

PROVIDER NO. HSC 30245W

NPI: 1790781169

FISCAL PERIOD ENDED JUNE 30, 2007

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$97,825, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

- 1. Summary of Findings
- 2. Computation of Medi Cal Reimbursement Settlement (NONCONTRACT Schedules)
- 3. Computation of Medi Cal Contract Cost (DESIG PUB HOSP Schedules)
- 4. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s)

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of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814-5005
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

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If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Julio M. Cueto, Chief

Audits Section—Rancho Cucamonga

Financial Audits Branch

Certified

Fiscal Period Ended: JUNE 30, 2007

86,183,465

-	W 10 111	SETTLEMENT	COST
1.	Medi-Cal Noncontract Settlement (SCHEDULE 1)		
	Provider No. ZZT 30245W		
	Reported	\$ 660,621	
	•		
	Net Change	\$ (660,621)	
	Audited Amount Due Provider (State)	\$	
2.	Subprovider I (SCHEDULE 1-1)		
	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	.\$ 0	
3.	Subprovider II (SCHEDULE 1-2)	,, ,	
	Provider No.		
	Reported	\$ 0	
	· · · · · · · · · · · · · · · · · · ·	"	
	Net Change	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (Clate)		
4	Audited Amount Due Provider (State)	\$ 0	
4.	Designated Public Hospital Cost (SCHEDULE 1)		
	Provider No. HSC 30245W		
	Reported		\$ 105,435,1
	Net Change		\$ (19,251,70
	Audited Cost		\$ 86,183,46
	Audited Amount Due Provider (State)	\$ (97,825)	
5.	Distinct Part Nursing Facility (DPNF SCH 1)		
	Provider No.		
1	Reported		\$ 0.0
	Net Change		\$ 0.0
	·		
	Audited Cost Per Day		\$ 0.0
	Audited Amount Due Provider (State)	s o	
6.	Distinct Part Nursing Facility (DPNF SCH 1-1)		
٠.	Provider No.		

	Renorted		• 0
	Reported		\$.0.0
	Reported Net Change		\$ 0.0
	Net Change		\$ 0.0
			\$ 0.0
	Net Change Audited Cost Per Day	_	\$ 0.0
	Net Change Audited Cost Per Day Audited Amount Due Provider (State)	\$ 0	\$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1)	\$ 0	\$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.	\$ 0	\$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1)	\$ 0	\$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.	s 0	\$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.	\$ O	\$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1) Provider No. Reported	\$ O	\$ 0.0 \$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1) Provider No. Reported	\$ O	\$ 0.0 \$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1) Provider No. Reported Net Change	\$ 0	\$ 0.0 \$ 0.0 \$ 0.0 \$ 0.0
7.	Net Change Audited Cost Per Day Audited Amount Due Provider (State) Adult Subacute (ADULT SUBACUTE SCH 1) Provider No. Reported Net Change	\$ O	\$ 0.0 \$ 0.0 \$ 0.0 \$ 0.0

Due Provider (State) - (Lines 1 through 7)

Total Medi-Cal Cost

		SETTLEMENT	COST
. 10.	Subacute (SUBACUTE SCH 1-1)		
	Provider No.		
	Reported		\$ 0.00
			, i
	Net Change		\$ 0.00
'			
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11.	Rural Health Clinic (RHC SCH 1)		
	Provider No.	,	
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12.	Rural Health Clinic (RHC 95-210 SCH 1)	,	
	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
40	Audited Amount Due Provider (State)	\$ 0	
13.	Rural Health Clinic (RHC 95-210 SCH 1-1)		
	Provider No.		
	Reported	\$ 0	
	Not Observe		
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14.	County Medical Services Program (CMSP SCH 1)	, ,	
'	Provider No.		
	Reported	s 0	
,	Reported	•	
	Net Change	s 0	
	rect ondings	•	
	Audited Amount Due Provider (State)	s o	
15.	Transitional Care (TC SCH 1)		
	Provider No.		4
	Reported		\$ 0.00
			·
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
	-		
16.	Total Other Settlement		
	Due Provider - (Lines 10 through 15)	\$ _. . Ó	
1	Table Complete of Assistant Courts and Court		
17.	Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)	6 (07.00%)	
L	Florides (State/OmSF/RHO) - (Line o + Line 10)	\$ (97,825)	

PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

			REPORTED		AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$	734,019	\$. 0
2.	Excess Reasonable Cost Over Charges (Schedule 2)	\$	0	\$. 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$. 0	\$	N/A
4.	Direct Graduate Education Payments (Adj 35)	\$	240,522	\$.	. 0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	.\$	974,541	\$.	. 0
6.	Interim Payments (Adj 26)	\$	(313,920)	\$. 0
7.	Medi-Cal Overpayments (Adj)	\$	0	\$	0
8	Duplicate Payments (Adj)	\$	0	\$	0
9.	Medi-Cal Credit Balances (Adj)	\$	0	\$	0
0.		\$	0	\$. 0
1.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$	660,621		0
			(To Summa	ary o	of Findings)

PROGRAM: NONCONTRACT

COMPUTATION OF LESSER OF MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

			REPORTED		AUDITED
RE	ASONABLE COST OF MEDI-CAL INPATIENT SERVICES				
1.	Cost of Covered Services (Schedule 3)	\$	734,019	\$	0
СН	ARGES FOR MEDI-CAL INPATIENT SERVICES	•			
2.	Inpatient Routine Service Charges (Adj 25)	\$	939,842	\$_	0
3.	Inpatient Ancillary Service Charges (Adj 25)	\$	577,008	\$	0
4.	Total Charges - Medi-Cal Inpatient Services	\$	1,516,850	\$	` 0
5.	Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$	782,831	, \$	0
6.	Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$	0 (To Se	\$ chedu	0 le 1)

^{*} If charges exceed reasonable cost, no further calculation necessary for this schedule.

PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

			REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$	149,227	\$0
2.	Medi-Cal Inpatient Routine Services (Schedule 4)	\$	584,792	\$0
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch.)	\$	0	\$0
4.		\$	0	\$0
5.		\$. 0,	\$0
6.	SUBTOTAL (Sum of Lines 1 through 5)	\$	734,019	\$0
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$	(See Schedule 1)	\$0
8.	SUBTOTAL	\$	734,019 (To So	\$ 0 chedule 2)
9.	Coinsurance (Adj)	\$	0.	\$0
10.	Patient and Third Party Liability (Adj)	\$	0.	\$0
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$	734,019 (To So	\$0

PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

GEN	NERAL SERVICE UNIT NET OF SWING-BED COSTS		REPORTED	AUDITED
INP	ATIENT DAYS			
1.	Total Inpatient Days (include private & swing-bed) (Adjs 20,21)		68,414	88,422
2.	Inpatient Days (include private, exclude swing-bed)	_	68,414	88,422
3.	Private Room Days (exclude swing-bed private room) (Adjs 20, 21)	_	68,414	88,422
4.	Semi-Private Room Days (exclude swing-bed) (Adj.)	_	00,414	00,422
5.	Medicare NF Swing-Bed Days through Dec 31 (Adj.)	. –		0.
6.	Medicare NF Swing-Bed Days after Dec 31 (Adj)	_		0
7.	Medi-Cal NF Swing-Bed Days through July 31 (Adj.)			0
8.	Medi-Cal NF Swing-Bed Days after July 31 (Adj)	_	<u></u>	0
9.	Medi-Cal Days (excluding swing-bed) (Adj 23)	_	622	0
SW	ING-BED ADJUSTMENT			
17.	Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$	0.00 \$	0.00
18.	Medicare NF Swing-Bed Rates after Dec 31(Adj.)	<u> </u>	0.00 \$	0.00
19.	Medi-Cal NF Swing-Bed Rates through July 31(Adj.)	<u> </u>	0.00 \$	0.00
20.	Medi-Cal NF Swing-Bed Rates after July 31(Adj)	<u> </u>	0.00 \$	0.00
21.	Total Routine Serv Cost (Sch 8, Line 25, Col 27)	<u> </u>	64,321,393 \$	70,116,579
22.	Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	š —	0 \$	0
23.	Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	<u> </u>	0 \$	0
24.	Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	š —	0 \$	0
25.	Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	Š —	0 \$	0
26.	Total Swing-Bed Cost (Sum of Lines 22 to 25)	<u> </u>	0 \$	0
27.	Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ _	64,321,393 \$	70,116,579
PRI	VATE ROOM DIFFERENTIAL ADJUSTMENT			
28.	Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$	0 \$	0
29.	Private Room Charges (excluding swing-bed charges)	<u> </u>	<u>0</u>	0
30.	Semi-Private Room Charges (excluding swing-bed charges)	<u> </u>		0
31.	Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	š —	0.000000 \$	0.000000
32.	Average Private Room Per Diem Charge (L 29 / L 3)	· • -	0.00 \$	0.00
33.	Average Semi-Private Room Per Diem Charge (L 30 / L 4)	<u> </u>	0.00 \$	0.00
34.	Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	· • -	0.00 \$	0.00
35.	Average Per Diem Private Room Cost Differential (L 31 x L 34)	· -	0.00 \$	0.00
36.	Private Room Cost Differential Adjustment (L 35 x L 3)	\$ _	0 \$	0
37.	Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ _	64,321,393 \$	70,116,579
PRO	OGRAM INPATIENT OPERATING COST			
38.	Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	· \$	940.18 \$	792.98
39.	Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ _	584,792 \$	0
40.	Cost Applicable to Medi-Cal (Sch 4A)	\$	0 \$	0_
41.	Cost Applicable to Medi-Cal (Sch 4B)	\$ _	0 \$	0
42.	TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$	584,792_ \$ (To Schedi	0
			(TO Schedi	ui c 3 <i>)</i>

SCHEDULE 4A PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

	_			
SPECIAL CARE AND/OR NURSERY UNITS		REPORTED	L	AUDITED
NURSERY			_	
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$	4,956,230	\$ _	4,751,257
2. Total Inpatient Days (Adj 21)	*****	8,111		7,502
Average Per Diem Cost	\$	611.05	\$_	633.33
Medi-Cal Inpatient Days (Adj)	·			0_
Cost Applicable to Medi-Cal	\$ _	. 0	\$_	0
INTENSIVE CARE UNIT				
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$	16,061,904	\$	15,625,860
7. Total Inpatient Days (Adj 21)	Ψ	6,208	· • -	5,711
Average Per Diem Cost	s -	2,587.29	\$	2,736.10
Medi-Cal Inpatient Days (Adj)	*	0	· • -	0
10. Cost Applicable to Medi-Cal	\$	0	\$ -	0
	T	,	· -	
CORONARY CARE UNIT		•		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$. 0	. \$ _	<u> </u>
12. Total Inpatient Days (Adj.)	*****	.0		0
13. Average Per Diem Cost	• \$	0.00	. \$ _	0.00
14. Medi-Cal Inpatient Days (Adj)	-	0		· O
15. Cost Applicable to Medi-Cal	\$_	00	. \$ _	0
BURN INTENSIVE CARE UNIT				
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	•	7,906,553	\$	7,578,794
17. Total Inpatient Days (Adj.)	Ψ	2,577	. Ψ	2,577
18. Average Per Diem Cost	\$	3,068.12	· s -	2,940.94
	Ψ	<u> </u>	Ψ -	2,940.94
	<u> </u>		·	
20. Cost Applicable to Medi-Cal	\$ _	. 0	. \$ _	<u> </u>
SURGICAL INTENSIVE CARE UNIT				
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$	10,529,088	\$	10,139,961
22. Total Inpatient Days (Adj 21)		4,992		4,914
23. Average Per Diem Cost	\$	2,109.19	\$ _	2,063.48
24. Medi-Cal Inpatient Days (Adj.)	_	0		0
25. Cost Applicable to Medi-Cal	\$ _	. 0	\$_	0
ADMINISTRATIVE DAYS				
26. Per Diem Rate (Adj.)	¢ .	. 0.00	\$	0.00
27. Medi-Cal Inpatient Days (Adj.)	Ψ	0.00	. Ψ	0.00
28. Cost Applicable to Medi-Cal	\$ _	0	` \$	0
20. 000.7 (pp.100.270 to 1110.27 00.1	· -		–	
ADMINISTRATIVE DAYS				
29. Per Diem Rate (Adj.)	\$_	0.00	. \$ _	0.00
30. Medi-Cal Inpatient Days (Adj.)		. 0		
31. Cost Applicable to Medi-Cal	\$. 0	. \$ _	. 0
00 Marti Oal Bartina Oart (Ormanic Lines 5 40 45 00 05 00 04)	•	•	æ	^
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ _	0 (To So	: =	<u> </u>
		(10.50	nied!	ui c 4)

SCHEDULE 4B PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

	•				•
	SPECIAL CARE UNITS	t .	REPORTED		AUDITED
NEC	NATAL INTENSIVE CARE UNIT	•		-	
1.	Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ _	9,411,054	\$_	9,027,685
2.	Total Inpatient Days (Adj)		6,647		6,647
3.	Average Per Diem Cost	\$ _	1,415.83	\$_	1,358.16
4.	Medi-Cal Inpatient Days (Adj)		0	_	0_
5.	Cost Applicable to Medi-Cal	\$_	. 0	\$_	0_
6.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	\$. 0	\$	0
7.	Total Inpatient Days (Adj)	_	0		.0
8.	Average Per Diem Cost	\$]	0.00	\$ _	0.00
9.	Medi-Cal Inpatient Days (Adj)	<u>.</u>	0	_	0
10.	Cost Applicable to Medi-Cal	\$ _	. 0	\$_	0
	•	•			
11.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	\$	0	\$	0
12.	Total Inpatient Days (Adj)	. * -	. 0	·	. 0
13.	Average Per Diem Cost	\$	0.00	\$ -	0.00
14.	Medi-Cal Inpatient Days (Adj)	· -	. 0	-	0
15.	Cost Applicable to Medi-Cal	\$	0	\$ _	0
16.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	·	. 0	\$	0
17.	Total Inpatient Days (Adj)	▼ -	0	_	0
18.	Average Per Diem Cost	\$	0.00	\$	0.00
19.	Medi-Cal Inpatient Days (Adj)	· · · · · · · · · · · · · · · · · · ·	0	· -	0
20.	Cost Applicable to Medi-Cal	\$	0	\$	0
20.	- Cost Applicable to Mical Cal	* -	<u> </u>	Ψ-	
24	Total Innations Doubling Cost (Sah S Line Col 27)	c	0	æ	
21. 22.	Total Inpatient Routine Cost (Sch 8, Line, Col 27) Total Inpatient Days (Adj)	Ψ.	0	\$ _	0
23.	Average Per Diem Cost	<u>s</u> -	0.00	· s -	0.00
24.	Medi-Cal Inpatient Days (Adj)	Ψ.	0.00	Ψ_	0.00
25.	Cost Applicable to Medi-Cal	\$. 0	\$ -	0
	#F	· -		· · -	
26.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	· \$	0	\$	0
27.	Total Inpatient Days (Adj.)	Ψ -	0	· * -	. 0
28.	Average Per Diem Cost	\$	0.00	\$. 0.00
29.	Medi-Cal Inpatient Days (Adj.)	* -	. 0	• • -	0.
30.	Cost Applicable to Medi-Cal	\$	0	\$. 0
		•		Φ.	
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ =	0 (To Sc	\$	0
			(To So	mea	iule 4)

SCHEDULE 5
PROGRAM: NONCONTRACT

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

Provider No: ZZT 30245W

	·	Α	TOTAL NCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj 22)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
	ARY COST CENTERS						
	Operating Room	\$	21,596,736		0.338563		T
	Recovery Room		. 0	0	0.000000	0	' 0
	Delivery Room and Labor Room		9,561,078	19,958,595	0.479046	. 0	. 0
	Anesthesiology		0	0	0.000000	0	0
	Radiology - Diagnostic		17,849,657	107,762,267	0.165639	0	0
	Ultra Sound		1,479,771	6,483,549	0.228235	0	0
41.02			0	. 0	0.000000	0	0
	Radiology - Therapeutic		1,389,502	4,952,345	0.280574	. 0	0
	Radioisotope		772,025	1,594,293	0.484243	0	0
	Laboratory		18,518,380	114,000,868	0.162441	0	0
	PBP Clinical Lab Services		. 0	0	0.000000	0	` 0
	Whole Blood and Packed Red Blood Cells		3,677,610	9,245,909	0.397755	0	0
	Blood Storing, Processing, and Transport		0 050 704	0	0.000000	0	0
	Respiratory Therapy		8,650,791	56,978,167	0.151826	0	0
	Pulmonary Function		378,547	347,926	1.088010	0	0
	Physical Therapy		2,892,084	5,331,469	0.542455	. 0	0
	Occupational Therapy		967,009	2,281,420	0.423863	0	0
	Speech Pathology		314,301	700,514	0.448671	0	0
	Electrocardiology		2,663,240	17,171,563	0.155096	. 0	0
	Electroencephalography		778,975	2,162,362	0.360243	. 0	0
	Medical Supplies Charged to Patients		30,625,486	126,657,590	0.241797	0	0
	Drugs Charged to Patients		37,103,918	141,649,076	0.261943		
	Renal Dialysis		2,400,774	5,467,398	0.439107	0	. 0
	ASC (Non-Distinct Part)		6,978,647	29,275,286	0.238380	0	0
59.00			0	0	0.000000	0	0
59.01	·		0	0	0.000000	0	0
59.02			0	0	0.000000	0	0
59.03			0	0	0.000000	0	0
60.00			23,248,557	37,107,733	0.626515	0	0
	Psych AES Unit		5,992,173	3,720,924	1.610399	. 0	0
	Emergency		19,074,552	61,894,669	0.308178	. 0	0
	Observation Beds (Non-Distinct Part)		0	. 0	0.000000	0.	0
	Home Health Agency		1,759,666	. 0	0.000000	0	0
82.00		<u> </u>	0	0	0.000000	0	. 0
	Kidney Acquisition		450,354	0	0.000000	0	. 0
84.00			0	. 0	. 0.000000	0	. 0
85.00			0	0	0.000000	0	0
86.00			0	Ü	0.000000	0	. 0
	TOTAL	\$	219,123,834	\$ 818,533,299		\$ 0	\$ 0

^{*} From Schedule 8, Column 27

(To Schedule 3)

PROGRAM: NONCONTRACT

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:

ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

Provider No: ZZT 30245W

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 24)	AUDITED
37.00	Operating Room	\$ 10,666	\$ (10,666)	\$ 0
	Recovery Room		. (**,****)	0
	Delivery Room and Labor Room	9,694	(9,694)	0
	Anesthesiology		(0,,001)	0
	Radiology - Diagnostic	14,459	(14,459)	. 0
	Ultra Sound	3,619	(3,619)	0
41.02	Olita Coana	0,010	(0,010)	0
	Radiology - Therapeutic			0
	Radioisotope	4		0
	Laboratory	126,752	(126,752)	0
	PBP Clinical Lab Services	120,102	(120,102)	0
	Whole Blood and Packed Red Blood Cells	1,779	(1,779)	0
	Blood Storing, Processing, and Transport	1,,,,0	(1,170)	o
	Respiratory Therapy	21,481	(21,481)	Ö
	Pulmonary Function	21,101	(21,101)	Ö
	Physical Therapy	35,007	(35,007)	0
	Occupational Therapy	7,228	(7,228)	C
	Speech Pathology	2,126	(2,126)	Ö
	Electrocardiology	4,545	(4,545)	0
	Electroencephalography		(1,010)	o
	Medical Supplies Charged to Patients	164,026	(164,026)	·
	Drugs Charged to Patients	172,241	(172,241)	0
	Renal Dialysis	3,010	(3,010)	o
	ASC (Non-Distinct Part)	.0,010	. (0,010)	0
59.00	7100 (11011 Blothlet 1 art)			0
59.00 59.01	<u> </u>			
59.02				0
59.03	0::		(000)	<u> </u>
60.00		203	(203)	. 0
	Psych AES Unit	470	(470)	0
	Emergency Observation Beds (Non-Distinct Part)	172	(172)	0
				0
82.00	Home Health Agency			0
	Kidney Agguigition			0
84.00	Kidney Acquisition	,		0
85.00	· · ·			0
86.00				0
00.00				· ·
	<u> </u>	,		
OTAL ME	DI-CAL ANCILLARY CHARGES	\$ 577,008	\$ (577,008)	\$ 0

(To Schedule 5)

PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:

ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

Provider No: ZZT 30245W

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION	TOTAL CHARGES TO ALL PATIENTS	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES	MEDI-CAL COST
40.00	A	(Adj)	(Adj)		(Adj)	
	Anesthesiology	\$ 0	\$ 0	0.000000	\$	\$ 0
	Radiology - Diagnostic	0	0	0.000000		0
	Radioisotope	0 0	0	0.000000	· · · · · · · · · · · · · · · · · · ·	. 0
	Laboratory		. 0			
	Electrocardiology	- 0	0	0.000000		0
	Electroencephalography		0	0.000000		0
61.00	Emergency	0	. 0	0.000000		0
		0	0	0.000000		0
			0	0.000000		0
		0	0	0.000000		0
		.0	0	0.000000		0
		0	0	0.000000		0
~		0	. 0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	. 0	0.000000		0
	·	0	0	0.000000		0
		, 0	0	0.000000		0
		0	0	0.000000		0
		0	.0	0.000000		. 0
		, 0	0	0.000000		0
		0	. 0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$, 0

(To Schedule 3)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

		REPORTED		AUDITED
1.	Net Cost of Covered Services Rendered to			
	Medi-Cal Patients (Desig Pub Hosp Sch 3) \$	105,435,169	\$	86,183,465
2.	Excess Reasonable Cost Over Charges (Desig Pub Hosp Sch 2) \$	0	\$. 0
3.	Medi-Cal Inpatient Hospital Based Physician Services \$	0	\$	N/A
4.	\$	0	\$. 0
5.	Subtotal (Sum of Lines 1 through 4) \$	105,435,169	\$	86,183,465
6.	\$	0	\$	0
7.	\$	0	\$. 0
8.	TOTAL MEDI-CAL COST (Sum of Lines 5 through 7) \$	105,435,169	:	86,183,465
		(10 Summa	ary (of Findings)
9.	INTERIM PAYMENTS (Adjs 30, 34) \$	(114,304,191)	\$	(46,017,889)
0.	Medi-Cal Credit Balances (Adj 36) \$	0	\$	(97,825)
1.	\$	0	\$	0
2.	\$	0,	\$	0
3.	MEDI-CAL OVERPAYMENT SETTLEMENT Due Provider (State) \$	0 (To Summa	\$ arv ((97,825) of Findings)
		(- = = =	,	3 - 7

COMPUTATION OF LESSER OF MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES

	ovider Name: ROWHEAD REGIONAL MEDICAL CENTER	•		Fisca	I Period Ended: JUNE 30, 2007
	ovider No: C 30245W				
			REPORTED		AUDITED
RE	ASONABLE COST OF MEDI-CAL INPATIENT SERVICES				
1.	Cost of Covered Services (Desig Pub Hosp Sch 3)	\$	105,897,156	_ \$ _	86,817,751
СН	IARGES FOR MEDI-CAL INPATIENT SERVICES				
2.	Inpatient Routine Service Charges (Adjs 29, 33)	\$	115,813,563	_ \$ _	94,630,406
3.	Inpatient Ancillary Service Charges (Adjs 29, 33)	, \$ <u></u>	193,680,388	_ \$ _	164,707,178
4.	Total Charges - Medi-Cal Inpatient Services	\$ <u></u>	309,493,951	_ \$ _	259,337,584
5.	Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$	203,596,795	<u> \$ </u>	172,519,833
6.	Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u></u>	(To Desig	\$ _ Pub l	. 0 Hosp Sch 1)

^{*} If charges exceed reasonable cost, no further calculation necessary for this schedule.

COMPUTATION OF MEDI-CAL NET COST OF COVERED SERVICES

Provider Name:

ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

		REPORTED	[AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Desig Pub Hosp Sch 5)	\$ 49,772,822	\$.	40,973,310
2.	Medi-Cal Inpatient Routine Services (Desig Pub Hosp Sch 4)	\$ 56,124,334	\$	45,844,441
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$. 0	\$.	0
4.		\$ 0	\$	0
5 .		\$ 0	\$. 0
6.	SUBTOTAL (Sum of Lines 1 through 5)	\$ 105,897,156	\$.	86,817,751
, 7 .	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Desig Pub Hosp 7)	\$ (See Desig Pub Hosp Sch 1)	\$.	0
8.	SUBTOTAL	\$ 105,897,156 (To Desig Pub Hos		86,817,751 ch 2)
9.	Coinsurance (Adjs 30, 34)	\$ (163,310)	\$	(317,763)
10.	Patient and Third Party Liability (Adj 30)	\$ (298,677)	\$	(316,523)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 105,435,169 (To Desig Pub Hos	: :	

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:

ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS	REPORTED	AUDITED
INPATIENT DAYS	•	
Total Inpatient Days (include private & swing-bed) (Adjs 20,21)	68,414	88,422
Inpatient Days (include private & swing-bed) Inpatient Days (include private, exclude swing-bed)		
	68,414	88,422
3. Private Room Days (exclude swing-bed private room) (Adjs 20, 21)	68,414	88,422
Semi-Private Room Days (exclude swing-bed) (Adj.) Medicare NE Swing Red Days through Dec 31 (Adi.)	0	0
5. Medicare NF Swing-Bed Days through Dec 31 (Adj.) 6. Medicare NF Swing Red Days effect Dec 31 (Adj.)	0	0
Medicare NF Swing-Bed Days after Dec 31 (Adj) Medi-Cal NF Swing-Bed Days through July 31 (Adj)	<u> </u>	0
	0	0
	20 245	
9. Medi-Cal Days (excluding swing-bed) (Adjs 27, 31)	29,345	28,262
SWING-BED ADJUSTMENT		
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj.)	\$ 0.00 \$	0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj.)	\$ 0.00 \$	0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj.)	\$ 0.00 \$	0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj.)	\$ 0.00 \$	0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 73,594,055 \$	70,116,579
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0 \$	0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0 \$	0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0 \$	0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0 \$	0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0 \$	0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 73,594,055 \$	70,116,579
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	-	
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 0	0_
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$0 \$	00
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj.)	\$0 \$	0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$0.000000 \$	0.000000
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00_ \$	0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ \$ 0.00 \$	0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00 \$	0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00 \$	0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$0 \$	<u> </u>
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 73,594,055 \$	70,116,579
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,075.72 \$	792.98
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 31,567,003 \$	22,411,201
40 Ocea Applicable as Madi Oct (Decis D.). He are Oct 4A	ф . 45 000 070 ф	45 540 000
40. Cost Applicable to Medi-Cal (Desig Pub Hosp Sch 4A)	\$ 15,930,679 \$	15,543,689
41. Cost Applicable to Medi-Cal (Desig Pub Hosp Sch 4B)	\$8,626,652 \$	7,889,551
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 56,124,334 \$	45,844,441
in the mast offer to state of the control of the co	(To Desig Pub	
	(10 Desig Fub	. 103p 0011 0/

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:

ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

		· 		ı	·
	SPECIAL CARE AND/OR NURSERY UNITS		REPORTED		AUDITED
	RSERY				. == . 0.=
1.	Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ _	4,956,230	. \$ _	4,751,257
2.	Total Inpatient Days (Adj 21)		8,111		7,502
3.	Average Per Diem Cost	\$.	611.05	. \$ _	633.33
4.	Medi-Cal Inpatient Days (Adj 27)		5,845		5,602
5.	Cost Applicable to Medi-Cal	\$ _	3,571,587	. \$ _	3,547,915
INITI	ENSIVE CARE UNIT			•	
6.	Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$	16,061,904	\$	15,625,860
7.	Total Inpatient Days (Adj 21)	,	6,208	. • -	5,711
8.	Average Per Diem Cost	\$	2,587.29	· s	2,736.10
9.	Medi-Cal Inpatient Days (Adj 27)	* -	2,321	. *	2,247
10.	Cost Applicable to Medi-Cal	\$	6,005,100	\$ _	6,148,017
		· -			
	RONARY CARE UNIT				
11.	Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ _	. 0	, \$ _	0_
	Total Inpatient Days (Adj)	_ •	0		0
13.	Average Per Diem Cost	\$.	0.00	. \$ _	2 0.00
14.	Medi-Cal Inpatient Days (Adj)		0		0
15.	Cost Applicable to Medi-Cal	\$.	0	. \$ _	0
	RN INTENSIVE CARE UNIT			_	
16.	Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ _	7,906,553	. \$ _	7,578,794
17.	Total Inpatient Days (Adj)		2,577		2,577
18.	Average Per Diem Cost	, \$ _	3,068.12	. \$ _	2,940.94
19.	Medi-Cal Inpatient Days (Adj 27)		738		663
20.	Cost Applicable to Medi-Cal	\$.	2,264,273	. \$ _	1,949,843
CLIE	RGICAL INTENSIVE CARE UNIT	•			
21.	Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$	10,529,088	œ	10,139,961
22.	Total Inpatient Days (Adj 21)	Ψ.	4,992	. Ψ	4,914
23.	Average Per Diem Cost	\$ "	2,109.19	` \$	2,063.48
24.	Medi-Cal Inpatient Days (Adj 27)	Ψ -	1,939	Ψ	1,889
25.	Cost Applicable to Medi-Cal	\$	4,089,719	` s _	3,897,914
		· -		• •	
ADN	MINISTRATIVE DAYS				
26.	Total Inpatient Routine Cost (Sch 8, Line, Col 27)	\$	0	\$_	0
27.	Total Inpatient Days (Adj)		0		0
28.	Average Per Diem Cost	\$ _	0.00	. \$	0.00
29.	Medi-Cal Inpatient Days (Adj)		0		· <u>0</u>
30.	Cost Applicable to Medi-Cal	\$ _	0	. \$ _	0
24	Modi Cal Pautina Cost (Sum of Linea 5 10 15 20 25 20)	\$	15,930,679	¢	15,543,689
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	ъ.		=	losp Sch 4)
			(10 Desig i	up r	inah ani 4)

COMPUTATION OF MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

NEONATAL INTENSIVE CARE UNIT \$ 9,027,685 \$ 9,027,685 2. Total Inpatient Routine Cost (Sch & Line 30, Col 27) \$ 9,411,054 \$ 9,027,685 2. Total Inpatient Days (Adj) \$ 6,647 6,647 6,647 3. Average Per Diem Cost \$ 1,415.83 \$ 1,358.16 5.809 5. Cost Applicable to Medi-Cal \$ 8,626,652 \$ 7,889,551 5.809 5. Cost Applicable to Medi-Cal \$ 8,626,652 \$ 7,889,551 5.809 5. Cost Applicable to Medi-Cal \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		SPECIAL CARE UNITS	Γ	REPORTED		AUDITED
2. Total Inpatient Days (Adj) 6,647 6,647 3. Average Per Diem Cost \$ 1,415.83 \$ 1,358.16 4. Medi-Cal Inpatient Days (Adj 27) \$ 6,093 5,809 5. Cost Applicable to Medi-Cal \$ 8,626.652 \$ 7,889,551 6. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 7. Total Inpatient Days (Adj) \$ 0 0 8. Average Per Diem Cost \$ 0.000 \$ 0.00 9. Medi-Cal Inpatient Days (Adj) \$ 0 \$ 0 10. Cost Applicable to Medi-Cal \$ 0 \$ 0 11. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 12. Total Inpatient Days (Adj) \$ 0 \$ 0 13. Average Per Diem Cost \$ 0.00 \$ 0 14. Medi-Cal Inpatient Days (Adj) \$ 0 \$ 0 15. Cost Applicable to Medi-Cal \$ 0 \$ 0 16. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 17. Total Inpatient Days (Adj) \$ 0 \$ 0 18. Average Per Diem Cost \$ 0.00 \$ 0 19. Medi-Cal Inpatient Days (Adj) \$ 0 \$ 0 20. Cost Applicable to Medi-Cal	NEC	NATAL INTENSIVE CARE UNIT	-			
3. Average Per Diem Cost \$ 1,415.83 \$ 1,358.16 4. Medi-Cal Inpatient Days (Adj 27) \$ 6,993 5,809 5. Cost Applicable to Medi-Cal \$ 8,626.652 \$ 7,889.551 6. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 7. Total Inpatient Days (Adj) 0 \$ 0.00 8. Average Per Diem Cost \$ 0.00 \$ 0.00 9. Medi-Cal Inpatient Days (Adj) 0 0 10. Cost Applicable to Medi-Cal \$ 0 \$ 0 11. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 12. Total Inpatient Days (Adj) 0 0 13. Average Per Diem Cost \$ 0.00 \$ 0 14. Medi-Cal Inpatient Days (Adj) 0 0 15. Cost Applicable to Medi-Cal \$ 0 \$ 0 16. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 17. Total Inpatient Days (Adj) 0 0 18. Average Per Diem Cost \$ 0.00 \$ 0 19. Medi-Cal Inpatient Days (Adj) 0 0 20. Cost Applicable to Medi-Cal \$ 0 0 21. Total Inpatient Days (Adj) 0 <	1.	Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$	9,411,054	\$	9,027,685
4. Medi-Cal Inpatient Days (Adj 27) 5,809 5,809 5. Cost Applicable to Medi-Cal \$ 8,626,652 \$ 7,889,551 6. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 7. Total Inpatient Days (Adj) 0 0 8. Average Per Diem Cost \$ 0,00 \$ 0.00 9. Medi-Cal Inpatient Days (Adj) 0 0 10. Cost Applicable to Medi-Cal \$ 0 \$ 0 11. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 12. Total Inpatient Days (Adj) 0 0 13. Average Per Diem Cost \$ 0,00 \$ 0 14. Medi-Cal Inpatient Days (Adj) 0 0 15. Cost Applicable to Medi-Cal \$ 0 \$ 0 16. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 17. Total Inpatient Days (Adj) 0 0 18. Average Per Diem Cost \$ 0,00 \$ 0 19. Medi-Cal Inpatient Days (Adj) 0 0 20. Cost Applicable to Medi-Cal \$ 0 \$ 0 21. Total Inpatient Days (Adj) 0 0	2.	Total Inpatient Days (Adj)		6,647		6,647
5. Cost Applicable to Medi-Cal \$ 8,626.652 \$ 7,889,551 6. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 7. Total Inpatient Days (Adj) \$ 0.00 \$ 0.00 8. Average Per Diem Cost \$ 0.00 \$ 0.00 9. Medi-Cal Inpatient Days (Adj) \$ 0 \$ 0 10. Cost Applicable to Medi-Cal \$ 0 \$ 0 11. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 12. Total Inpatient Days (Adj) \$ 0.00 \$ 0.00 13. Average Per Diem Cost \$ 0.00 \$ 0.00 14. Medi-Cal Inpatient Days (Adj) \$ 0 \$ 0 15. Cost Applicable to Medi-Cal \$ 0 \$ 0 16. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 17. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 19. Medi-Cal Inpatient Days (Adj) \$ 0 \$ 0 20. Cost Applicable to Medi-Cal \$ 0 \$ 0 21. Total Inpatient Days (Adj) \$ 0 \$ 0 22. Total Inpatient Days (Adj) \$ 0 \$ 0 23. Average Per Diem Co	3.	Average Per Diem Cost	\$	1,415.83	\$	1,358.16
6. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 7. Total Inpatient Days (Adj) 0 0 0 8. Average Per Diem Cost \$ 0,00 \$ 0,00 9. Medi-Cal Inpatient Days (Adj) 0 0 0 10. Cost Applicable to Medi-Cal \$ 0 \$ 0 11. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 12. Total Inpatient Days (Adj) 0 0 0 13. Average Per Diem Cost \$ 0,00 \$ 0,00 14. Medi-Cal Inpatient Days (Adj) 0 0 0 15. Cost Applicable to Medi-Cal \$ 0 \$ 0 16. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 17. Total Inpatient Days (Adj) 0 0 0 18. Average Per Diem Cost \$ 0,00 \$ 0,00 19. Medi-Cal Inpatient Days (Adj) 0 0 0 19. Medi-Cal Inpatient Days (Adj) 0 0 0 19. Medi-Cal Inpatient Days (Adj) 0 0 0 20. Cost Applicable to Medi-Cal \$ 0 \$ 0 21. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 22. Total Inpatient Days (Adj) 0 0 0 23. Average Per Diem Cost \$ 0,00 \$ 0,00 24. Medi-Cal Inpatient Days (Adj) 0 0 0 25. Cost Applicable to Medi-Cal \$ 0 \$ 0 26. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 27. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 28. Average Per Diem Cost \$ 0 \$ 0 29. Medi-Cal Inpatient Days (Adj) 0 0 0 20. Cost Applicable to Medi-Cal 0 0 0 0 20. Cost Applicable to Medi-Cal 0 0 0 0 20. Cost Applicable to Medi-Cal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4.	Medi-Cal Inpatient Days (Adj 27)	_			5,809
7. Total Inpatient Days (Adj) 0 0 8. Average Per Diem Cost (Sch 8, Line, Col 27) \$ 0.00 \$ 0.00 10. Cost Applicable to Medi-Cal \$ 0 \$ 0 11. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 12. Total Inpatient Days (Adj) 0 0 13. Average Per Diem Cost \$ 0.00 \$ 0.00 14. Medi-Cal Inpatient Days (Adj) 0 0 15. Cost Applicable to Medi-Cal \$ 0 \$ 0 16. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 17. Total Inpatient Days (Adj) 0 0 18. Average Per Diem Cost \$ 0.00 \$ 0.00 19. Medi-Cal Inpatient Days (Adj) 0 0 20. Cost Applicable to Medi-Cal \$ 0 \$ 0 21. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 22. Total Inpatient Days (Adj) 0 0 23. Average Per Diem Cost \$ 0.00 \$ 0.00 24. Medi-Cal Inpatient Days (Adj) 0 0 25. Cost Applicable to Medi-Cal \$ 0 \$ 0 26. Total Inpatient Days (Adj) 0	5.	Cost Applicable to Medi-Cal	\$ _	8,626,652	\$ =	7,889,551
7. Total Inpatient Days (Adj) 0 0 8. Average Per Diem Cost (Sch 8, Line, Col 27) \$ 0.00 \$ 0.00 10. Cost Applicable to Medi-Cal \$ 0 \$ 0 11. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 12. Total Inpatient Days (Adj) 0 0 13. Average Per Diem Cost \$ 0.00 \$ 0.00 14. Medi-Cal Inpatient Days (Adj) 0 0 15. Cost Applicable to Medi-Cal \$ 0 \$ 0 16. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 17. Total Inpatient Days (Adj) 0 0 18. Average Per Diem Cost \$ 0.00 \$ 0.00 19. Medi-Cal Inpatient Days (Adj) 0 0 20. Cost Applicable to Medi-Cal \$ 0 \$ 0 21. Total Inpatient Routine Cost (Sch 8, Line, Col 27) \$ 0 \$ 0 22. Total Inpatient Days (Adj) 0 0 23. Average Per Diem Cost \$ 0.00 \$ 0.00 24. Medi-Cal Inpatient Days (Adj) 0 0 25. Cost Applicable to Medi-Cal \$ 0 0 26. Total Inpatient Routine Cost (Sch 8, Line, Col 27) <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>						•
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29. Medi-Cal Inpatient Days (Adj) 30. Cost Applicable to Medi-Cal \$ 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-			
30. Cost Applicable to Medi-Cal \$ 0 \$	28.	Average Per Diem Cost	\$ _	0.00	\$ _	0.00
	29.	Medi-Cal Inpatient Days (Adj)		. 0		0
31 Medi-Cal Routine Cost (Sum of Lines 5.10.15.20.25.30)	30.	Cost Applicable to Medi-Cal	\$ _	. 0	\$_	0
01. MCdi*Odi Nodiiic 0031 (0diii 01 Eiiico 0, 10, 10,20,20,00)	31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	· \$	8,626,652	\$	7,889,551
(To Desig Pub Hosp Sch 4)			-			

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

Provider No: HSC 30245W

TOTAL ANCILLARY CHARGES (Adj 22)	7,004,106 0 4,579,606
COST* (Adj 22) CHARGES (Desig Pub Hosp Sch 6) 37.00 Operating Room \$ 21,596,736 \$ 63,789,376 0.338563 \$ 20,687,734 \$ 38.00 Recovery Room 0 0,000000 0 0,000000 0 0 39.00 Delivery Room and Labor Room 9,561,078 19,958,595 0.479046 9,559,852 40.00 Anesthesiology 0 0 0,000000 0 0 0 0 41.00 Radiology - Diagnostic 17,849,657 107,762,267 0.165639 12,452,580 41.01 Ultra Sound 1,479,771 6;483,549 0.228235 645,841 41.02 0 1 0 0 0,000000 0 42.00 Radiology - Therapeutic 1,389,502 4,952,345 0.280574 19,203 43.00 Radioisotope 1 772,025 1,594,293 0.484243 127,948	7,004,106 0 4,579,606 0
ANCILLARY COST CENTERS	0 4,579,606 0
37.00 Operating Room \$ 21,596,736 \$ 63,789,376 0.338563 \$ 20,687,734 \$ 38.00 Recovery Room 0 0 0.000000 0 <td< th=""><th>0 4,579,606 0</th></td<>	0 4,579,606 0
38.00 Recovery Room 0 0 0.000000 0 39.00 Delivery Room and Labor Room 9,561,078 19,958,595 0.479046 9,559,852 40.00 Anesthesiology 0 0 0.000000 0 41.00 Radiology - Diagnostic 17,849,657 107,762,267 0.165639 12,452,580 41.01 Ultra Sound 1,479,771 6,483,549 0.228235 645,841 41.02 I 0 0 0.000000 0 42.00 Radiology - Therapeutic 1,389,502 4,952,345 0.280574 19,203 43.00 Radioisotope I 772,025 1,594,293 0.484243 127,948	0 4,579,606 0
39.00 Delivery Room and Labor Room 9,561,078 19,958,595 0.479046 9,559,852 40.00 Anesthesiology 0 0 0.000000 0 41.00 Radiology - Diagnostic 17,849,657 107,762,267 0.165639 12,452,580 41.01 Ultra Sound 1,479,771 6,483,549 0.228235 645,841 41.02 I 0 0.000000 0 42.00 Radiology - Therapeutic 1,389,502 4,952,345 0.280574 19,203 43.00 Radioisotope I 772,025 1,594,293 0.484243 127,948	4,579,606 0
40.00 Anesthesiology 3 0 0.000000 0 41.00 Radiology - Diagnostic 17,849,657 107,762,267 0.165639 12,452,580 41.01 Ultra Sound 1,479,771 6;483,549 0.228235 645,841 41.02 I 0 0.000000 0 42.00 Radiology - Therapeutic 1,389,502 4,952,345 0.280574 19,203 43.00 Radioisotope I 772,025 1,594,293 0.484243 127,948	0
41.00 Radiology - Diagnostic 17,849,657 107,762,267 0.165639 12,452,580 41.01 Ultra Sound 1,479,771 6,483,549 0.228235 645,841 41.02 I 0 0.000000 0 42.00 Radiology - Therapeutic 1,389,502 4,952,345 0.280574 19,203 43.00 Radioisotope I 772,025 1,594,293 0.484243 127,948	0
41.01 Ultra Sound 1,479,771 6;483,549 0.228235 645,841 41.02 In the sound of	
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42.00 Radiology - Therapeutic 1,389,502 4,952,345 0.280574 19,203 43.00 Radioisotope 1,772,025 1,594,293 0.484243 127,948	147,403
43.00 Radioisotope I 772,025 1,594,293 0.484243 127,948	0
	5,388
44.00 Laboratory 18,518,380 114,000,868 0.162441 22,842,595	61,958
	3,710,567
45.00 PBP Clinical Lab Services 0 0 0.000000 0	. 0
46.00 Whole Blood and Packed Red Blood Cells 3,677,610 9,245,909 0.397755 2,647,803	1,053,178
47.00 Blood Storing, Processing, and Transport 0 0.000000 0	. 0
49.00 Respiratory Therapy 8,650,791 56,978,167 0.151826 24,345,933	3,696,356
49.01 Pulmonary Function 1378,547 347,926 1.088010 4,220	4,591
50.00 Physical Therapy 2,892,084 5,331,469 0.542455 1,323,697	718,047
51.00 Occupational Therapy 1967,009 2,281,420 0.423863 389,118	164,933
52.00 Speech Pathology 1314,301 700,514 0.448671 147,770	66,300
53.00 Electrocardiology 2,663,240 17,171,563 0.155096 2,762,792	428,498
54.00 Electroencephalography 1778,975 2,162,362 0.360243 29,971	10,797
55.00 Medical Supplies Charged to Patients 30,625,486 126,657,590 0.241797 31,354,279	7,581,386
56.00 Drugs Charged to Patients 37,103,918 141,649,076 0.261943 28,695,698	7,516,624
57.00 Renal Dialysis 2,400,774 5,467,398 0.439107 804,605	353,308
58.00 ASC (Non-Distinct Part) 6,978,647 29,275,286 0.238380 0	0
59.00	0
59.01 0 0 0.000000 0	0
59.02 0 0.000000 0	0
59.03	0
60.00 Clinic 23,248,557 37,107,733 0.626515 0	0
60.01 Psych AES Unit 5,992,173 3,720,924 1.610399 0	0
61.00 Emergency 19,074,552 61,894,669 0.308178 5,865,539	1,807,628
62.00 Observation Beds (Non-Distinct Part) , 0 0 0.000000 0	0
71.00 Home Health Agency 1,759,666 0 0.000000 0	- 0
82.00	0
83.00 Kidney Acquisition 1450,354 0 0.000000 0	0
84.00 0 0 0.000000 0	0
85.00 1 0 0.000000 0	0
86.00 1 0 0 0.000000 0	0
1	
TOTAL \$ 219,123,834 \$ 818,533,299 \$ 164,707,178 \$	40,973,310

(To Desig Pub Hosp Sch 3)

^{*} From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

Provider No: HSC 30245W

ANCIL	LARY CHARGES	REPORTED	ADJUSTMENTS (Adjs 28, 32)	AUDITED
	ing Room	\$ 20,065,852		\$ 20,687,734
38.00 Recove				0
	y Room and Labor Room	13,252,91	5 (3,693,063)	9,559,852
40.00 Anesth	-		(3/3-3/3-2/	. 0
	ogy - Diagnostic	15,814,79	5 (3,362,215)	12,452,580
41.01 Ultra S		839,614		
41.02				0
42.00 Radiolo	ogy - Therapeutic	28,476	6 (9,273)	19,203
43.00 Radiois		155,189		127,948
44.00 Labora	tory	25,844,669		22,842,595
45.00 PBP C	linical Lab Services			0
46.00 Whole	Blood and Packed Red Blood Cells	3,816,529	9 (1,168,726)	2,647,803
47.00 Blood	Storing, Processing, and Transport			0
49.00 Respira	atory Therapy I	26,417,230	0 (2,071,297)	24,345,933
49.01 Pulmoi	nary Function	3,58	7 633	4,220
50.00 Physic	al Therapy I	1,182,022	2 141,675	1,323,697
	ational Therapy	326,109	9 63,009	389,118
52.00 Speecl	n Pathology	317,98	1 (170,211)	147,770
53.00 Electro	cardiology	3,855,90	1 (1,093,109)	2,762,792
	encephalography	124,51		29,971
	Supplies Charged to Patients	39,223,95		
	Charged to Patients	32,572,258		
57.00 Renal		1,045,49		804,605
	lon-Distinct Part)			0
59.00				0
59.01	-			0
59.02				0
59.03	· · · · · · · · · · · · · · · · · · ·			o o
60.00 Clinic		134,79	8 (134,798)	Ō
	AES Unit	231,94		
61.00 Emerg		8,426,55		
	vation Beds (Non-Distinct Part)	3,120,00	(2,00,10,0)	. 0
	Health Agency			0
82.00				. 0
83.00 Kidney	Acquisition			0
84.00	i i			0
85.00				. 0
86.00				0
-				
			-	
<u> </u>			(2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	
TOTAL MEDI-CA	L ANCILLARY CHARGES	\$ 193,680,38	8 \$ (28,973,210)	\$ 164,707,178

(To Desig Pub Hosp Sch 5)

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

Provider No: HSC 30245W

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION	TOTAL CHARGES TO ALL PATIENTS	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES	MEDI-CAL COST
		(Adj)	(Adj)		(Adj)	
40.00	Anesthesiology	\$ 0		0.000000	\$	\$ 0
	Radiology - Diagnostic	0	0	0.000000		0
	Radioisotope	0	. 0	0.000000		0
	Laboratory	0	0	0.000000		. 0
	Electrocardiology	1 0	. 0	0.000000		0
	Electroencephalography	0	0	0.000000		0
61.00	Emergency	. ! 0	. 0	0.000000		0
		0	0	0.000000		0
		. 0	, , 0	0.000000		· · 0
			. 0	0.000000		. 0
		· 1 0	. 0	0.000000		. 0.
		j o	. 0	0.000000		0
		0	. 0	0.000000		0
	. ,	0	0	0.000000	,	0
		1 0	. 0	0.000000		0
		i o	0	0.000000		. 0
		1 0	0	0.000000		0
		0	0	0.000000		0
		0	. 0	0.000000	•	. 0
		0	0	0.000000		0
		0	0	0.000000		0
			0	0.000000	4.7	0
		1 0	0	0.000000		0
<u>-</u>		1 0	0	0.000000		0
		1 0		0.000000		0
			0			
		0	. 0	0.000000		. 0
		. 0	. 0	0.000000		0
		1 0	0	0.000000		0
		1 0	. 0	0.000000		0
		1 0	. 0	0.000000		0
		, 0	0	0.000000		0
		·	0	0.000000		0
		0	. 0	. 0.000000		0
			0	0.000000		. 0
		. 1. 0	0	0.000000		0
		. 1 0	0	0.000000		0
		1 0	0	0.000000		. 0
	·.	. 1 0	0	0.000000		0
			, , 0	0.000000		. 0
	TOTAL	\$ 1 0	\$ 0] ·	\$ 0	\$ 0

(To Desig Pub Hosp Sch 3)

		TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4:04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
		GENERAL SERVICE COST CENTER						•						
		Old Cap Rel Costs-Bldg & Fixtures	. 0											
		Old Cap Rel Costs-Movable Equipment	0	0										
		New Cap Rel Costs-Bldg & Fixtures	39,148,801	0	0									
		New Cap Rel Costs-Movable Equipment	6,062,465	0	0	0	_						-	
	.01		0	0	0	0	0	_					* *	
	.02		0	0	0	0	0	. 0	_					
	.03		0.	0	0	0	0	0	. 0					
	.04	•	0	0	. 0	0	0	0	Ç	_				
	.05		0	0	. 0	0	0	0	9	,	0	0		
	.06		0 0	0	0	0	0 0	0	0		0	0	0	
	.07		, U	. 0	0 0	٠	0	0			o O	0	0	0
	.08	Cardova Danesta	0 N	0	0	0.	. 0	0			0	0	. 0	0
		Employee Benefits	625,737	0	0	71,430	0	. 0			0	0		.0
		Non-Patient Telephones Data Processing	7,452,581	. 0	0	167,517	347,850	0			0	0	_	0
		Purchasing, Receiving, and Stores	2,558,953	u:		675,238	44,300		·	,				o_
		Admitting	2,556,953	0.	0	56,126	44,300	0			0	~	•	0
		Cashiering/Accounts Receivable	6,774,979	0	0	548,872	0	0	C	-	0	0	_	Ö
	.06	Cashening/Accoding Receivable	0,774,379	0	. 0	0-0,672	ő	ő		-	0	0	-	Ö
	.07		Ö	ň	. 0	ñ	ñ	. 0	ř		ő	0		0.
	.08		. 0	o .	ő	0	Ô	0	. 0		ŏ	ő	ŏ	. 0
		Administrative and General	26,728,459	ň	Ď.	500,295	446,490	. 0	· č	-	ō	ō	•	ō
		Maintenance and Repairs	5,159,831	Ö	0.	62,937	27,868	Ō	Č	-	ō	ō	0	. 0
		Operation of Plant	6,508,032	0 -	0	8,299,424	5,153	. 0	Ċ) 0	. 0	ō	0	0
		Laundry and Linen Service	1,955,819	ō	. 0	472,273	16,914	. 0	Ċ) 0	0	0	. 0	0
		Housekeeping	8,369,119	0	0	458,570	44,050	0	C	0	0	0	0	0
11.		Dietary	3,925,893	0	ō	1,256,317	0	. 0	C	0	0	0	0	0.
		Cafeteria	2,684,675	Ö	0	759,961	46,148	. 0	. 0	. 0	0	0	. 0	0
		Maintenance of Personnel	0	0	0	0	. 0	0	. 0	0	0	0	0	0.
		Nursing Administration	3,935,157	0	0	180,892	2,580	0	. 0	0	0	0	0	0
15.		Central Services & Supply	2,547,997	0	0	463,411	207,109	0	C	0	0	0	0	0
16.		Pharmacy	7,777,305	0	0	678,685	1,521	0	C	0	0	0	0	0
17.		Medical Records and Library	5,935,214	0	0	740,719	1,442	0	C	0	0	0	. 0	0.
18.	.00	Social Service	787,834	0	0	33,766	0	0	0). ()	0	. 0	0	0.
19.	.00		0	0	0	0	0	0	0	0	0	0	0	0
20.	.00		0	0	0	0	0	0	. 0) '0	0	0	-	0
21.	.00	·	. 0	0	0	0	0	0	C) 0	0	0	0	0
22.	.00	I&R Services - Salary and Fringes Approved	6,525,400	0	. 0	0	0	. 0	C) 0	0	0	0	0
23.		1&R Services - Other Program Costs Approv-	5,694,216	0	0	554,493	0	0	C		0	0	. 0	0.
		Paramed Ed - School of Radiology	149,728	0	0	118,735	0	0		, .	0	0	•	0
		Paramed Ed - School of Anesthesia	108,602	0	0	118,735	0	0	C		. 0	0	0	0
24.	.02	Paramed Ed - School of Laboratory	36,391	0	0	0	0	0	0	0	0	0	0	0
		INPATIENT ROUTINE COST CENTERS		_	_			_	_			, ,		_
		Adults & Pediatrics (Gen Routine)	32,332,390	. 0	0	6,354,903	146,521	0	C	-	0	0	•	0
		Intensive Care Unit	9,841,535	. 0	0	725,497	10,912	. 0	C		0	0	0	0
		Coronary Care Unit	0	0	0	0	0	. 0	0	-	0	0	0	0
28.		Burn Intensive Care Unit	3,689,354	0	0	746,955	10,885	0	C		0	0	0	0
29.		Surgical Intensive Care Unit	5,786,623	0	- 0	711,753	63,780	0	0	,	0	0	0	0
		Neonatal Intensive Care Unit	6,148,377	0	0	427,265	102,224	0	C C	. •	0	. 0	•	. 0
31.		Subprovider	8,980,548	0	0	3,503,091	42,731 0	0. 0	C		0	. 0	_	. 0
32.		Bluesane	0	. 0	0	150.910	-	. 0		, ,	0	. 0	0	0
		Nursery Medicare Certified Nursing Facility	2,843,655 0	0	0	150,819 0	27,017 0	0		-	0	, U	-	0
		Distinct Part Nursing Facility	0.		. 0	0	U.	0			0	0	0	0
		Adult Subacute Care Unit	0	0	0	0	0	0	Ċ		0	. 0	0	0
		Subacute Care Unit II	. 0	0	0	0	0.	0		,	0	0	-	0
		Transitional Care Unit	. 0	0	0	, 0	0.	0	í		0	0		0
J.O.		Harrist Own Own	U	5	v	3		v		. •	Ū	U	•	•

Fiscal Period Ended: JUNE 30, 2007

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
	ANCILLARY COST CENTERS												
	Operating Room	8,590,785	0	0	2,009,878	113,227	0	0				0	0
	Recovery Room	0	0	0	0	. 0	. 0	0	_			0	0
	Delivery Room and Labor Room	6,713,879	0	0	409,623	7,235	. 0	0		•		0	0
	Anesthesiology	0	. 0	0	0	0	0	0	-		-	. 0	0
	Radiology - Diagnostic	8,512,419	0	0	1,015,688	2,801,110	0	0	-	-	-	0	0
41.01	Ultra Sound	713,986 0	0	0	20,391 0	247,674 0	. 0	0				0	. 0
41.02	·	•	0	0	-	0	0	0		, ,		0	0
	Radiology - Therapeutic	752,999	<u>,</u> 0 0	. 0	259,666	136,955	0	0	•	•	•	0	0
	Radioisotope - Laboratory	442,377 12,019,636	0.	0	20,186 995,256	214,319	0	0	•	•	. •	0	0
	PBP Clinical Lab Services	12,019,030	. 0	0	993,230	214,319	0	. 0		•		0	Ö
	Whole Blood and Packed Red Blood Cells	2,660,564	0	0	0	0	0.	0	-		_	0	ő
47.00		2,000,004	ñ	ő	. 0	Ô	ŏ	Ö	-		•	ő	ő
49.00	0.	6,141,883	ő	ő	158,696	ő	0	0	-) 0	. 0	ő	ő
	, , ,	143,120	0.	ő	43,038	107,102	0	0	Č) 0) 0	ō	ŏ
	- Physical Therapy	1,908,351-		ō	292,488-	267_		o				0-	
	Occupational Therapy	736,905	0	0	11,488	14,727	0	0	C) 0	0	0	0
52.00		259,375	0	0	11,488	0	0	0	C) 0	0	0	0
53.00		1,721,302	0	0	136,295	0	0	0	C) 0	0	0	0
54.00	Electroencephalography	401,901	. 0	0	76,476	94,164	0	0	C) 0). 0	0	0
55.00	Medical Supplies Charged to Patients	26,344,922	0	0	0	39,225	0	0	Ċ) 0	0	0	0
56.00	Drugs Charged to Patients	22,696,963	0	0	0	. 0	0	0	C) 0	0	0	0
57.00	•	1,947,563	0	0	0-	0	.0	0	-		-	0	0
58.00	ASC (Non-Distinct Part)	3,773,970	0	0	883,496	230,239	0	0	_		0	0	0
59.00		0	0	0	0	. 0	0	0	-			. 0	0
59.01		0	. 0	0	0	Ó	0	.0	•			0	0
59.02		0	. 0	0	. 0	0	0	O			-	0	. 0
59.03		0	0	0	0	. 0	0	0		, ,	•	0	. 0
	Clinic	14,423,088	0	0	1,586,921	164,810	. 0	0		•	•	. 0	0
	Psych AES Unit	4,533,048	0	. 0.	236,321	2,883	0	0	_		-	0	. 0
61.00	· ·	12,057,489	0	. 0	632,651	293,035	0	0				0	· 0
62.00		0	0	0	0	0	0	0				0	. 0
71.00	Home Health Agency	1,293,178	. 0	0	78,651	0	0	0				0	. 0
82.00	Miday, Association	0	0	0	0	0	0	0	•			0	. 0
83.00 84.00		345,716 0	0	0	4,431 0	. 0	0	0				0	0
85.00		0	0	. 0	0	0	0	. 0	•			0	0
86.00		0	· n	. 0	0	0	0	0	-			. 0	0
00.00	NONREIMBURSABLE COST CENTERS	v	Ü	U	U	U	U	U	•	,		·	v
96.00	Gift, Flower, Coffee Shop & Canteen	0	n	0	44,023	0	0	0	c) 0		0	0
	Research	0	0	0	17,023	Ô	0	0	•			ŏ	0
	Physicians' Private Office	ŏ	ŏ	Ö	125,915	0	Ö	0				ő	ő
99.00	•	Ô	Ô	ŏ	0	Ď	ō	0	Ċ) 0	0	0	Ŏ
99.01	the state of the s	516,070	ō	ő	23,058	ő	Ö	. 0	Č) . 0	. 0	. 0	. 0
99.02	•	0.	0	Ō	0	Ô	Ō	. 0	C) 0	0	0	0
99.03		0	0	0	٠ 0	0	0	0) 0	0	0	. 0
99.04		ō	ō	Ō	Ō	0	0	Ō	Ċ) 0	0	0	0
99.05		. 0	0	. 0	0	0	0	0	C) 0	0	0	0
100.00	Other Nonreimbursable Cost Centers	0	0	0	50,793	0	0	0	· c) 0	0	0	0.
100.01	Other Nonreimbursable Cost Centers	309,087	0	0	12,021	0	0	0	C) 0	0	0	0
	Unused Space	0	. 0	0	1,171,184	0	0	0				0.	0
100.03		0	0	0	0	0	0	0	-		0	0	0
100.04		0	0	0	. 0	0	0	0	С	0	0	0	0
	TOTAL	361,036,246	<u>Q</u>	<u>0</u>	<u>39,148,801</u>	6.062.465	<u>Q</u>	2	. 2	2 0	. Ω	Q	Q

GENERAL SERVICE COST CENTER 1.00 Cite Cap Ro Crasting & Frances 1.01 Cite Cap Ro Crasting & Frances 1.02 Cite Cap Ro Crasting & Frances 1.03 Cite Cap Ro Crasting & Frances 1.04 Cite Cap Ro Crasting & Frances 1.05 Cite Cap Ro Crasting & Frances 1.05 Cite Cap Ro Crasting & Frances 1.06 Cite Cap Ro Crasting & Frances 1.07 Cite Cap Ro Crasting & Frances 1.07 Cite Cap Ro Crasting & Frances 1.08 Cite Cap Ro Crasting & Frances 1.09 Cite Cap Ro Crasting & Frances 1.00 Cite Cap Ro Crasting & Frances 1.		TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00		DATA PROCESSING 6.02	PURCHASING RECEIVING 6.03	ADMITTING 6.04	CASHIERING ACCTS REC 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.00	
4 00 4 00 4 00 4 00 4 00 5 00 5 00 6 0	2.00 3.00	Old Cap Rel Costs-Bldg & Fixtures Old Cap Rel Costs-Movable Equipment New Cap Rel Costs-Bldg & Fixtures													
4.03 4.04 4.05 4.06 4.06 4.06 4.07 4.08 6.00 Enquiryee Breen'fls 6.01 Parlumbaring Rocewing and Stores 6.01 Parlumbaring Rocewing and Stores 6.02 Parlumbaring Rocewing and Stores 6.03 Parlumbaring Rocewing and Stores 6.04 Admitting 6.05 Calabring/Accounts Racelevable 6.06 Calabring/Accounts Racelevable 6.07 Calabring Rocewing and Stores 6.08 6.08 6.09 6.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4.01												•		
4.06 4.06 4.06 5.00 Employee Bendifs 6.00 Part Processing 5.00 Pa							-				1				
4.06 4.07 4.08 4.07 4.08 6.02 Purbasing Receiving and Stores. 6.02 Data Processing 6.03 Purbasing Receiving and Stores. 6.04 Data Processing 6.05 Purbasing Receiving and Stores. 6.05 Purbasing Receiving and Stores. 6.06 Clastic register and General 6.07 6.07 6.08 6.09 6.09 6.09 6.09 6.00 6.00 6.00 6.00	4.04												-		
4.07 4.08 5.00 Employee Beriefits 6.11 Non-Palment Telephones 6.01 Non-Palment Telephones 6.01 Non-Palment Telephones 6.01 Non-Palment Telephones 6.02 Survivasing Receiving, and Stores 6.04 Administration 6.06 Cashiering-Accounts Receivable 6.06 O															
5.00 Employee Benefits 0 0 1 Non-Papel Tolego 0 0 1 19,350							•								
6.01 Mon-Patient Telephones 0 0 18,350 61,298				-										-	٠
0.00 Description of Plant 0			_	0											
6 Ad Admitting 0 0 2,3333 49,039 0 6 6.06 Carbinary Accounts Receivable 0 0 0 183,898 20,502 0 6.06 Carbinary Accounts Receivable 0 0 0 183,898 20,502 0 6.07 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6.02	Data Processing	v	_											
6 0.6 Cashering/Accounts Receivable 0 0 0 183,888 20,582 0 6 6.07 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0															
6.07 6.08 6.00 Administrative and General 0 0 0 149,022 563,953 65,638 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•			,			0		-					
6.08			•	-	_		-	_							
6.00 Administrative and General 0 0 149,022 563,953 76,763 0 0 0 0 0 0 0 28,453,856 1700 Marinerane and Repairs 0 0 15,018 0 0 12,145 0 0 0 0 0 0 0 14,822,977 1,288,688 18,864 0 0 0 0 0 0 0 0 14,822,977 1,288,688 1700 Marinerane and Repairs 0 0 0 1,155 12,260 19 0 0 0 0 0 0 0 14,822,977 1,288,688 1700 Marinerane and Repairs 0 0 0 1,155 12,260 19 0 0 0 0 0 0 0 0 0 1,3285,437 12,286,281 12,280 19 0 0 0 0 0 0 0 0 0 0 1,335,43 789,870 10,00 Marinerane and Repairs 0 0 0 1,285 3,30,650 72,635 0 0 0 0 0 0 0 0 3,352,43 198,870 11,00 Dietary 0 0 13,285 3,0650 72,635 0 0 0 0 0 0 0 0 0 3,352,434 301,274 12,280 11,00 Dietary 0 0 0 13,285 3,0650 72,635 0 0 0 0 0 0 0 0 0 0 3,352,434 301,274 12,280 11,00 Dietary 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			_				_	_		_	0			,	
8.00 Operation of Plarit 9.00 Laundry and Linen Service 0 0 1,155 12,260 19 0 0 0 0 0 0 2,2658,402 10.00 Housekeeping 0 0 0 7,220 288,107 168,178 0 0 0 0 0 0 0 3,355,243 798,670 11.00 Dietary 0 0 13,285 30,650 742,635 0 0 0 0 0 0 0 3,355,243 798,670 11.00 Dietary 0 0 0 12,285 30,650 742,635 0 0 0 0 0 0 0 3,352,434 301,274 13.00 Maintenance of Personnel 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			. 0	•	•	_	_	0		Ö		0.			
9.0 Laundry and Linen Service 0 0 0 1,155 12,80 19 0 0 0 0 0 2,458,440 210,303 10.0 Holosekeeping 0 0 0 7,220 288,107 169,178 0 0 0 0 0 0 0 5,868,760 510,655 12.00 Letterá 0 0 0 0 13,265 30,365 742,635 0 0 0 0 0 0 0 5,868,760 510,655 12.00 Letterá 0 0 0 0 0 0 0 0 0 0 0 0 5,868,760 150,655 12.00 Letterá 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			_	_			•			-				•	
10.0 Housekeeping			ų					U	_	u.	•				
12 DC Cafeteria			v			•		-	_	-	-	_			
13.00 Maintenance of Personnel		•	U	_	,	•		U		Ū		_			
14.00 Nursing Administration						•	7		_		-	_			
16.00 Pharmacy 0		· · · · · · · · · · · · · · · · · · ·	_	_	•			_							
17.00 Medical Records and Library 0 0 19,638 239,067 24,630 0 0 0 0 0 0,6,960,710 595,519 18.00 Social Service 0 0 0 2,599 30,650 738 0 0 0 0 0 0 0 0 0 0 855,587 73,199 19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			_	_		•		=		-	-				
18.00 Social Service 0 0 0 2,599 30,650 738 0 0 0 0 0 0 855,587 73,199 19.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	v	U				J			•				
19,00				_	,			U	_	•	-			•	
21.00	19.00		v		0	0	0		_	•	•	_	0	0	
22.00 I&R Services - Salary and Fringes Approved 20.0 I&R Services - Other Program Costs Approv 20.0 I&R Service - Other Program Costs Approv 20.0 I&R Service - Other			-	-	•	_	_	-	_	-	•			-	
23.00 RR Services - Other Program Costs Approv 24.00 Paramed Ed - School of Radiology 24.01 Paramed Ed - School of Radiology 24.02 Paramed Ed - School of Anesthesia 24.02 Paramed Ed - School of Anesthesia 24.02 Paramed Ed - School of Laboratory 24.03 Paramed Ed - School of Laboratory 24.04 Paramed Ed - School of Laboratory 25.00 Adults & Pediatrics (Gen Routine) 26.00 Respiratory 27.00 Paramed Ed - School of Laboratory 28.00 Paramed Ed - School of Laboratory 29.00 Paramed Ed - School of Parame			-	_	_			_		_	_		•	-	
24.01 Paramed Ed - School of Anesthesia 0 0 0 0 0 0 0 0 0			0	0		•	0	. 0	_	0	0		6,316,138		
24.02 Paramed Ed - School of Laboratory NPATIENT ROUTINE COST CENTERS 25.00 Adults & Pediatrics (Gen Routine) 0 0 48.519 925.619 89.315 18.567 717.881 0 0 0 0 40.633,717 3.476,390 25.00 Adults & Pediatrics (Gen Routine) 0 0 19.927 281.977 26.688 4.885 188.864 0 0 0 0 11.100,285 949,677 27.00 Coronary Care Unit 0 0 0 0 0 0 0 0 0			_	_				_							
25.00 Adults & Pediatrics (Gen Routine) 0 0 48,519 925,619 89,315 18,567 717,881 0 0 0 40,633,717 3,476,390 26.00 Intensive Care Unit 0 0 0 19,927 281,977 26,688 4,885 188,864 0 0 0 0 11,100,285 949,677 27.00 Coronary Care Unit 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Paramed Ed - School of Laboratory	_	_				_			_		·		
26.00 Intensive Care Unit 0 0 19,927 281,977 26,688 4,885 188,864 0 0 0 0 11,100,285 949,677 27.00 Coronary Care Unit 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	25.00		0	0	48.519	925 619	89.315	18.567	717 881	0	0	0	40.633.717	3 476 390	
28.00 Burn Intensive Care Unit 0 0 7,509 239,067 9,183 2,404 92,938 0 0 0 0 4,798,295 410,515 29,00 Surgical Intensive Care Unit 0 0 9,530 300,367 21,411 4,180 161,630 0 0 0 7,059,274 603,951 30.00 Neonatal Intensive Care Unit 0 0 7,798 165,508 22,076 5,655 218,631 0 0 0 7,097,533 60,7225 31.00 Subprovider 0 0 0 26,570 79,689 13,381 5,314 205,447 0 0 0 0 12,856,770 1,099,952 32.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		, ,	. 0	0		•				. 0	0	0			
29.00 Surgical Intensive Care Unit 0 0 9,530 300,367 21,411 4,180 161,630 0 0 0 7,059,274 603,951 30.00 Neonatal Intensive Care Unit 0 0 7,798 165,508 22,076 5,655 218,631 0 0 0 7,097,533 607,225 31.00 Subprovider 0 0 0 26,570 79,689 13,381 5,314 205,447 0 0 0 1,099,952 32.00 0		•	_			_	_	_		•	=	_	=	·	
30.00 Neonatal Intensive Care Unit 0 0 7,798 165,508 22,076 5,655 218,631 0 0 0 7,097,533 607,225 31.00 Subprovider 0 0 0 26,570 79,689 13,381 5,314 205,447 0 0 0 0 12,856,770 1,099,952 32.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			_	_	.,					_	_				
32.00 0 <td></td> <td></td> <td>_</td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td>,</td> <td></td> <td></td> <td></td> <td></td>			_	_						=	,				
33.00 Nursery 0 0 2,888 73,559 6,082 1,173 45,346 0 0 0 3,150,538 269,542 34.00 Medicare Certified Nursing Facility 0 0 0 0 0 0 0 0 0 0 0 0 0 0 35.00 Distinct Part Nursing Facility 0 0 0 0 0 0 0 0 0 0 0 0 0 36.01 Subacute Care Unit II 0 0 0 0 0 0 0 0 0 0 0 0			•	_	,	79,689	13,381			_			12,856,770	1,099,952	
34.00 Medicare Certified Nursing Facility 0 </td <td></td> <td></td> <td>_</td> <td>_</td> <td>_</td> <td></td> <td></td> <td></td> <td>_</td> <td>_</td> <td></td> <td></td> <td>,</td> <td>•</td> <td></td>			_	_	_				_	_			,	•	
36.00 Adult Subacute Care Unit 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			U	U						•	·	•			
36.01 Subacute Care Unit II 0 0 0 0 0 0 0 0 0 0 0				_	_		-	_	-	•	•	•		-	
			-	-	_	-	-	-	_	-	-	•	_	•	
			ū	_	_	_	_	_		_	-	•	_	•	

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	NON-PATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING 6.03	ADMITTING 6.04	CASHIERING ACCTS REC 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.00
	ANCILLARY COST CENTERS												
37.00	Operating Room	0	0	48,519	140,988	63,890	11,924	461,029	0	0	0	11,440,239	978,762
38.00	Recovery Room	. 0	0	. 0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	0	15,595	147,118	41,142	2,853	144,248	. 0	0	0	7,481,694	640,091
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	. 0	0	0
41.00		0	- 0	39,566	288,107	204,375	8,726	778,836	0	0	0	13,648,827	1,167,716
41.01	Ultra Sound	0	0	2,022	12,260	1,268	304	46,859	0	0	0:	1,044,762	89,384
41.02	<u>.</u>	0	0	0	0	0	0		0	0	0	0	, 0
42.00		0	0	866	. 0	113	6	35,792	0	0	0	1,049,442	89,784
43.00	•	0	0	1,733	6,130	48,531	89	11,523	0	0	0	667,523	57,109
44.00	•	0	0	20,216	263,587	548,664	11,183	823,925	0	0	0	14,896,786	1,274,484
45.00 46.00		0	0	0		0	0	-	. 0	. 0	0	0	0
47.00		. 0	0	1,155 0	. 0	588,072 0	1,320 0	66,823 0	. 0	. 0	ų O	3,317,935 0	283,864 0
49.00	3,	0	· 0	8,953	263,587	56,486	9,930	411,802	0	. 0	0	7,051,336	603,272
49.01	Pulmonary Function	0	0	289	6,130	79	9,930	2,515	0	0	0	302,275	25,861
50.00		ő	ő	3,754	67,4 2 9	1,922	553	38,532	ő	ő	0	2,313,298	197,913
51.00	• • • • • • • • • • • • • • • • • • • •	ō	ō	1,733	12,260	1,184	168	16,489		ő	ŏ	794,952	68,012
52.00		0	. 0	0	0	174	105	5,063	0	ō	0	276,205	23,631
53.00		0	0	4,332	6,130	91,139	2,298	124,105	ō	0	0	2,085,601	178,432
54.00	0.	0	, 0	20,216	18,390	1,015	61	15,628	0	0	0	627,852	53,715
55.00	Medical Supplies Charged to Patients	0	C	0		0	17,386	886,490	0	0	0	27,288,024	2,334,608
56,00	Drugs Charged to Patients	0	0	0	0	. 0	12,691	1,023,748	0	0	0	23,733,402	2,030,495
57.00		0	0	2,599	0	4,189	356	39,515	0	0	0	1,994,223	170,614
58,00	ASC (Non-Distinct Part)	0	0	0	55,169	0	0	211,584	. 0	. 0	0	5,154,459	440,986
59.00		- 0	. 0	0	0	. 0	0	0	0	0	0	0	0
59.01		Ó	0	· 0.	_	0	0.	0	. 0	0	0	0	0
59.02		0	0	0		. 0	0	0	0	. 0	0	. 0	0.
59.03		0	0	0		0	. 0	0	0	. 0	0	0	0
	Clinic Careta ACC Mail	0	0	47,941	1,084,997	81,294	- 38	268,191	. 0	0	0	17,657,280	1,510,656
60.01 61.00		0	0	2,888	400.504	15,456	202	26,892	0	0	0	4,817,690	412,174
62.00		0	0	26,281 · 0	496,524 0	163,304 0	6,131 0	447,335 0	0	0	0	14,122,751	1,208,262
71.00	,	0	0	4,621	85,819	3,299	1	8,574	0	0	0.	0 1,474,142	0 126,119
82.00		0	0	4,021		3,299	n	0,574	. 0	0	0.	1,474,142	120,119
83.00		. 0	0	866		26,457	54	2,094	0	0	0	391,879	33,527
84.00	(variety) (valuations	0	ő	0	12,200	20,407	0	2,004	ő	0.	n	0.00	00,321
85.00		0	0	0	ő	0	0-	0	. 0	0.	0	ō	0
86.00		0	0	. 0	0	0	0	0	0	0	0	. 0	ō
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen	0	. 0	0	0	0	0	0	0	0	0	44,023	3,766
97.00	Research	. 0	0	0	C	0	0	0	0	0	0	. 0	0
	Physicians' Private Office	0	0	0-	0	0	0	0.	0	0	0	125,915	10,773
	Nonpaid Workers	0	0	0	0	0	0	0	. 0	0	0	0	0
99.01	Marketing and Public Relations	0	0	0	0	0	0.		0	0	0	539,128	46,125
99.02		0	0	0	0	0	0	0	0	. 0	0	. 0	0
99.03	•	. 0	0	0	. 0	0	0	0	0	0	0.	0	0
99.04		. 0	0	0	0	0	0	0	0	0	0	0	0
99,05		0	. 0	0	0	0	0	. 0	0	0	0	0	0
100.00		0	0	0	0	. 0	0	. 0	. 0	. 0	0	50,793	4,346
100.01		0	0	0	. 0	. 0	0	0	0	0. 0	. 0	321,108	27,472
100.02	militare obace	0	. 0	0	. 0	0	0	0	0	0	0	1,171,184 0	100,200 0
100.04		0.	0	0	. 0	0	0	0	0	0	0	0	0
,00.04		J	.0	U		U	Ü		Ü	· ·		U	0
	TOTAL	Q	Q	697,167	7.987.297	3.344.701	128,558	7.528.331	. Ω	Ω	<u>Q</u>	361,036,246	28,453,856

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
1.00	GENERAL SERVICE COST CENTER Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Ret Costs-Movable Equipment												
4.01 4.02	• .												
4.02							•						
4.04													•
4.05													
4.06													
4.07													
4.08 5.00	Employee Benefits												
6.01	Employee Benefits Non-Patient Telephones												
	Data Processing												
6.03	Purchasing, Receiving, and Stores												
6.04	Admitting												
6.05	Cashiering/Accounts Receivable												
6.06													
6.07 6.08													
	Administrative and General												
7.00	Maintenance and Repairs												
8.00	Operation of Plant	1,297,330					•					•	
	Laundry and Linen Service	73,824					~		•				
	Housekeeping	71,682		4,424	07.048								
11.00	Dietary Cafetena	196,382 118,794		1,116 0	27,948 83,845	0							
13.00		110,794		0	03,043	0	0						
14.00	Nursing Administration	28,276		446	12,089	ō	130,059	0					
15.00	-	72,438		251,176	59,862	0	60,347	0	163,655				
16.00	Pharmacy	106,089		0	79,842	0	0	. 0	0	67,121			
17.00	Medical Records and Library	115,786		0	159,722	0	236,705	0	0	478	0		
18.00 19.00	Social Service	5,278 0		. 0	99,783 0	0	39,598	0	0	0.	0	0 0	0 -
20.00		0		0	. 0	0	0	0	0	0	. 0	0	0
21.00	•	Ö		ő	ŏ	ő	. 0	. 0	ō	ō	ō	Ö	Ö
22.00	I&R Services - Salary and Fringes Approved	O	0	0	79,842	0	0	0	0	0	. 0	0	0.
23.00	I&R Services - Other Program Costs Approve	86,676		0	23,867	0	323,374	0	0	. 0	0	0	0
24.00	•	18,560		0	0	0	59,137	0	0	. 0	0	0	0
	Paramed Ed - School of Anesthesia Paramed Ed - School of Laboratory	18,560 0		0	. 0	0	609 0	0	0	, 0 0	0	0 0 ·	. O
24.02	INPATIENT ROUTINE COST CENTERS	U	, ,	U	U	U	U	U	U	U	U	. 0	. 0
25.00	Adults & Pediatrics (Gen Routine)	993,371	3,840,172	988,608	2,758,890	4,505,829	812,257	0	1,608,735	396,157	0	812,113	413,475
	Intensive Care Unit	113,407	438,407	174,493	483,054	169,236	191,860	0	575,563	142,080	0	213,655	107,197
27.00	Coronary Care Unit	0	0	0	0	0	. 0	0	0	0	0	0	0
28.00		116,761		132,777	343,428	125,529	95,886	0	202,034	121,411	. 0	105,138	73,288
29.00	•	111,258		143,329	139,781	120,755	185,924	0	368,418	134,510	0	182,846	105,010
30.00	Neonatal Intensive Care Unit Subprovider	66,788 547,588	•	72,969 290,405	0 982,472	0 1,790,254	124,642 408,358	. 0	364,692 629,104	101,902 16,418	0	247,329 232,415	86,414 156,420
32.00	Out provider	347,366		290,403	902,472	1,790,234	400,330	. 0	029,104	10,418	0	232,413	136,420
33.00	Nursery	. 23,575		66,163	139,781	ő	51,189	ō	122,719	33,170	ō	51,298	22,971
34.00	Medicare Certified Nursing Facility	0	0	0	0	. 0	0	0	0	0	0	0	0
	Distinct Part Nursing Facility	0		0	0	0	0	0 .	0	0	0	0	0
36.00		0	-	0	0	0	0	0	0	. 0	0	0	. 0.
36.01 36.03	Subacute Care Unit II	0	-	0	0	0	. 0	0	. 0	0	. 0	0	0. 0
30.02	Transitional Care Unit	U	, 0	U	U	U	U	U	U	U	U	U	U

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
	ANCILLARY COST CENTERS							•					
	Operating Room	314,176	1,214,539	90,518	1,767,011	0	205,574	0	689,013	2,158,558	0	521,545	. 0
	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	, 0
	Delivery Room and Labor Room	64,031	247,529	191,702	538,950	0	145,443	0	0	88,457	0	163,182	0
40.00 41.00	· ···· • · · · · · · · · · · · · · · ·	150.760	0	0	0	. 0	220.254	0	0	0 219,657	0	0 881.069	0
41.00	Radiology - Diagnostic Ultra Sound	158,768 3,187	613,765 12,322	141,446 37,672	231,517 . 0	0	239,354 16,066	0	0	1,445	. 0	53,010	0
41.02		3,107	12,322	* 0	. 0	0	. 10,000	0	ő	1,445	0	00,010	0
	Radiology - Therapeutic	40,590	156,912	Ö	8,007	Ō	4,148	0	. 0	127	ō	40,491	0
43.00		3,155	12,198	5,570	8,007	0	4,935	. 0	0	492	0	13,035	0
44.00	Laboratory	155,574	601,418	0	263,547	0	328,932	. 0	0	33,858	0	932,076	0
45.00	PBP Clinical Lab Services	0	0	0	0	0	0	0	0	. 0	0	0 -	0
46.00		0	0	. 0	0	0	0		0	216	0	75,595	0
47.00		0	0	0	0	0	0		0	0	0	0	0
49.00		24,807	95,898	46	27,948	0	231,191	. 0	. 0	39,476	. 0	465,856	0
49.01		6,728 45,721	26,007 176,746	0	8,007	. 0	4,082 46,477	0	. 0	2,743 20,412	0	2,845 43,590	0
	Physical Therapy Occupational Therapy	1,796	6,942	0	47,928 47,928	. 0	19,769	0	0	20,412 8,957	. 0	43,590 18,653	0
52.00	. ,.	1,796	6,942	0	47,928	0	19,709	0	0	0,557	. 0	5,727	. 0
53.00		21,305	82,361	0	19,941	0	7,317	. 0	0	127,888	0	140,395	0
54.00	•	11,954	46,213	0	19,941	. 0	7,5.7	0	. 0	1,619	ō	17,680	ő
55.00		0	0	Ö	0	0	ō	ō	ō	0	Ō	1,002,854	0
56.00	·· •	0	. 0	0	0	. 0	. 0	0	0	0	10,181,891	1,158,129	0
57.00	Renal Dialysis	0	. 0	748	0	0	0		117,001	73,487	0	44,702	0
58.00		138,104	533,883	40,668	312,992	0	0		0	0	0	239,358	0
59.00		0	0	0	0	0	0		0	. 0	. 0	0	0
59.01		0	0	0.	0	0	0	-	. 0	0	0	0	0
59.02		0.	0	0	0	0	. 0		.0	0	0.	. 0	0
59.03		0 248.061	0	100.369	0	. 0	0 84,799	. 0	0 25,341	228,208	0	0 303,394	27,346
	Clinic Psych AES Unit	36,941	958,952 142,805	109,368 6,315	443,210 66,314	50,934 353,973	9,966	0	23,341	13,843	0	30,422	101, 7 28
	Emergency	98,893	382,302	277,265	1,181,804	347,544	343,485	0	. 0	447,677	ő	506,054	0
62.00		00,000	0	0.	0	0	0.0,.00	. 0	.0	0	ō	. 0	. 0
71.00	` ,	12,294	47,527	Ö	19,863	ō	69,178	Ō	ō	844	ō	9,699	ō
82.00		,_ 0	0	0	0	. 0	. 0	0	0	0	. 0	. 0	0
83.00	Kidney Acquisition	693	2,678	0.	0	0 .	3,918	. 0	15,291	0	0	2,369	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	. 0	. 0	0		0	0	0	0	0
86.00		0	0	0	. 0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS	_	_	_	_	_	_			0			
	Gift, Flower, Coffee Shop & Canteen	0	0	0	. 0	. 0	0		0 ⁻	0	0	0	. 0
	Research Physicians' Private Office	0 29,501	0 114,046	0	0	. 0	. 0		0	0	0	U. 0	` 0
	Nonpaid Workers	3,604	13,933	0	0	. 0	. 0		. 0	0	0	. 0	0
99.01		3,004	13,933	. 0	0	0	0	. 0	. 0	.0	0	0	. 0
99.02	•	0	Ö	Ö	Ö	ő	ō	Ō	. 0	0	0	Ö	Ö
99.03		0	0	ō	Ō	0	0	0	0	0	ō	0	0
99.04		. 0	0	0	0	0	0	0	0	0	0	0	. 0
99.05		0	0	0	0	0	0		0	0	0	0	0
	Other Nonreimbursable Cost Centers	0	0	0	0	0	0		0	0	0	0 .	0
100.01		9,819	37,957	758	0	0	0		0	0	0	0	0
	Unused Space	183,075	707,729	0	0	0	0	_	0	0	0	0	0
100.03		0	. 0	0	0	0	0		0	0	0	0	0
100.04		0	. 0	, 0	0	0	0	0	. 0	0	. 0	0	. 0
	TOTAL	5,796,996	<u>17.394.795</u>	<u>3,027,982</u>	<u>10.487,125</u>	7,464,055	<u>4.484.580</u>	Ω	4.881,567	<u>4.481.211</u>	<u>10,181,891</u>	8.516.525	<u>1.093,849</u>

Fiscal Period Ended:

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

JUNE 30, 2007 POST NON-INT & RES STEP-DOWN TOTAL ALLOC ALLOC **SALARY &** INT & RES PARAMED SUBTOTAL ADJUSTMENT COST TRIAL BALANCE ALLOC **PHYSICIAN** NURSING COST COST **SCHOOL FRINGES PROGRAM EDUCAT EXPENSES** COST ANESTH (Adj 14) 19.00 20.00 21.00 22.00 23.00 24.00 24.01 24.02 25.00 26.00 27.00 GENERAL SERVICE COST CENTER 1.00 Old Cap Rel Costs-Bldg & Fixtures Old Cap Rel Costs-Movable Equipment New Cap Rel Costs-Bldg & Fixtures New Cap Rel Costs-Movable Equipment 4.01 4.02 4.03 4.04 4.05 4.06 4.07 4.08 5.00 Employee Benefits Non-Patient Telephones **Data Processing** 6.03 Purchasing, Receiving, and Stores 6.04 Admitting 6.05 Cashiering/Accounts Receivable 6.06 6.07 6.08 6.00 Administrative and General 7.00 Maintenance and Repairs 8.00 Operation of Plant 9.00 Laundry and Linen Service 10.00 Housekeeping 11.00 Dietary 12.00 Cafeteria 13.00 Maintenance of Personnel 14.00 Nursing Administration 15.00 Central Services & Supply 16.00 Pharmacy 17.00 Medical Records and Library 18.00 Social Service 19.00 20.00 21.00 22.00 I&R Services - Salary and Fringes Approved 0 23.00 I&R Services - Other Program Costs Approvi 0 24.00 Paramed Ed - School of Radiology 0 0 24.01 Paramed Ed - School of Anesthesia O 0 0 0 24.02 Paramed Ed - School of Laboratory 0 0 0 0 INPATIENT ROUTINE COST CENTERS 4,270,280 70,116,579 25.00 Adults & Pediatrics (Gen Routine) 0 0 4,606,586 0 0 70,116,579 26.00 Intensive Care Unit 501,789 465,155 0 15,625,860 15,625,860 27.00 Coronary Care Unit 0 0 28.00 Burn Intensive Care Unit 312,590 289,769 0 7,578,794 7,578,794 266,892 29.00 Surgical Intensive Care Unit 287,912 0 n 10,139,961 10,139,961 0 30.00 Neonatal Intensive Care Unit 0 0 0 0 9,027,685 9,027,685 0 31.00 Subprovider 0 0 0 21,127,022 21,127,022 0 0 0 32.00 0 0 350,773 0 33.00 Nursery 378,398 0 0 0 4,751,257 4,751,257 34.00 Medicare Certified Nursing Facility 0 0 ٥ 0 0 Ω 0 0 0 35.00 Distinct Part Nursing Facility 0 0 0 0 0 0 0 n n 36.00 Adult Subacute Care Unit 0 0 Λ 0 0 0 Ω 0 D 0 36.01 Subacute Care Unit II 0 0 0 0 0 0 0 0 0 0 0 0 0 0 36.02 Transitional Care Unit 0 0 0

ARROW	HEAD REGIONAL MEDICAL CENTER											JUNE 30, 2007
	TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 20.00	ALLOC COST 21.00	NON- PHYSICIAN ANESTH 22.00	NURSING SCHOOL 23.00	INT & RES SALARY & FRINGES 24.00	INT & RES PROGRAM 24.01	PARAMED EDUCAT 24.02	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT (Adj 14) 26.00	TOTAL COST 27.00
27.00	ANCILLARY COST CENTERS	0	0		4.000.400	000 040		040 500			•	04 500 700
	Operating Room Recovery Room	. 0	. 0	0	1,036,482 0	960,813 0	0	219,508 0	0	21,596,736		21,596,736 0
	Delivery Room and Labor Room	0	. 0	0	0	0	0	0	0	9,561,078		9,561,078
	Anesthesiology	0	0	0	0	0	0	0	0	9,361,076		9,061,076
	Radiology - Diagnostic	0	o	. 0	0	n	507,767	0	39,771	17,849,657	_	17,849,657
41.01	Ultra Sound	0	. 0	Ö	115,165	106,757	0	0	03,777	1,479,771		1,479,771
41.02		ŏ	ō	ō	0	0	ő	0	ŏ	0		0
	Radiology - Therapeutic	0	. 0	0	0	0	o	0	. 0	1,389,502		1,389,502
	Radioisotope	0	0	0	0	. 0	0	0	0	772,025		772,025
44.00	Laboratory	. 0	0	. 0	16,452	15,251	0	0	0	18,518,380	0	18,518,380
45.00	PBP Clinical Lab Services	0	0	0	0 -	0	0	0	0	0		0
46.00	Whole Blood and Packed Red Blood Cells	0	0	0	. 0	0	0	0	0	3,677,610		3,677,610
47.00		0 -	0	0	. 0	0	0	0	0	0		0
	Respiratory Therapy	0	0	0	57,582	53,378	0	0	0	8,650,791	0	8,650,791
		. 0	0	0	0	0	. 0	0	0	378,547		378,547
	Physical Therapy	. 0	0	0	0	0	0	0 -	0	2,892,084		2,892,084
51.00	• • • • • • • • • • • • • • • • • • • •	0	0	0	0 ·	0	0	0	0.	967,009		967,009
52.00		0	0	0	0	0	0	. 0	0	314,301		314,301
53.00	Electrocardiology	0	0.	· 0	0	0	0	0	0.	2,663,240		2,663,240
54.00	Electroencephalography Medical Supplies Charged to Patients	0	u. N	0	0	0	0	0	0	778,975		778,975
56.00		0	0	0	0	0	0	. 0	0	30,625,486 37,103,918		30,625,486 37,103,918
	Renal Dialysis	0	0	. 0	0	. 0	0	. 0	0	2,400,774		2,400,774
58.00	ASC (Non-Distinct Part)	. 0	0	0	Ô	. 0	ő	118,197	Ô	6,978,647		6,978,647
59.00	The first blance ary	0.	0	0	. 0	0	'n	0	o o	0,010,0		0,575,547
59.01		o o	. 0	0	ő	o o	ō	Ö	ū	ő		ő
59.02		Ō	Ö	ō	ō	ō	Ō	ŏ	ō	ō		. 0
59.03		0	Ō	0	0	O	0	ō	ō	. 0		0
60.00	Clinic	0	. 0	Ö	830,831	770,175	0	0	0	23,248,557	0	23,248,557
60.01	Psych AES Unit	0	0	0	0	0	0	0	0.	5,992,173		5,992,173
61.00	Emergency	0	0	0	82,260	76,255	0.	. 0	0	19,074,552	0	19,074,552
62.00	Observation Beds (Non-Distinct Part)	0	. 0	0	0	. 0	0	0	0	0		0
71,00	Home Health Agency	0	. 0	0	0	0	0	. 0	0	1,759,666		1,759,666
82.00		0	. 0	0	0	0	. 0	0	0	0		0
83,00	Kidney Acquisition	0	0	0	0	. 0	0	0	0	450,354		450,354
84.00		0	0	0	0	0	0	0	0	0		0
85.00	•	0	0	0	0	0	0	. 0	0	0		0
86.00	NONDERFORD TO A DUE A CONTROL	0	. 0	. 0	0	. 0	0	0	0	0		0
00.00	NONREIMBURSABLE COST CENTERS			_	_				_	.= ===		
96.00		0	. 0	0	0	0	. 0	. 0	0	47,789		47,789
	Research Physicians' Private Office	0 .	0	0	0	0	0	0	0	0		0
99.00	•	0	0 .	0	0	0	0	0	0	280,234 17,538		280,234
99.01	Marketing and Public Relations	0	0	0	0	0	0	0	0	585,252		17,538 585,252
99.02	Westering and Fabric Positions	n	n	0	0	. 0	0	0	0	000,202		000,202
99.03		0	0	0	0	0	ő	ο.	0	0		0
99.04		o o	0	0	0	0	ő	0	0	0		0
99.05		0	0	0	0	0	ő	0	. 0	0		0
100.00	Other Nonreimbursable Cost Centers	_ 0	ő	ő	ō	ő	o.	ō	0	55,138		55,138
100.01	Other Nonreimbursable Cost Centers	0	-0	ō	ō	ō	ō	ō	. 0	397,114		397,114
	Unused Space	0	0	ō	ō	Ō	ō	. 0	ō	2,162,188		2,162,188
100.03	•	0	ō	ō	0	ō	ō	ō	0	0		0
100.04		0	0	0.	0	0	0	0	0	0		0
	TOTAL	<u>Q</u>	<u>Q</u> .	<u>Q</u>	8,226:047	7,625,500	<u>507,767</u>	337,705	<u>39,771</u>	361,036,245	<u>Q</u> .	361,036,245

STAT

4.03

STAT

4.04

STAT

4,05

STAT

4.06

STAT

4.08

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER Fiscal Period Ended: JUNE 30, 2007

STAT

4.07

		OLD BLDG & FIXTURES (SQ FT) 1.00	OLD MOVBLE EQUIP (DOLLAR VAL) 2.00	NEW BLDG & FIXTURES (SQ FT) 3.00 (Adjs 15-18)	NEW MOVBLE EQUIP (DOLLAR VAL) 4.00	STAT 4.01	STAT 4.02
	GENERAL SERVICE COST CENTERS						
1.00 2.00	Old Cap Rel Costs-Bldg & Fixtures Old Cap Rel Costs-Movable Equipment						•
3.00	New Cap Rel Costs-Bldg & Fixtures						
4.00	New Cap Rel Costs-Movable Equipment						
4.01 4.02							
4.03	•				*		
4.04	1						
4.05 4.06		,					
4.00							
4.08				*			
5.00	Employee Benefits						
6.01 6.02	Non-Patient Telephones Data Processing			1,741 4,083	1,047,190		
6.03	Purchasing, Receiving, and Stores			16,458	133,365	*	
6.04	Admitting			1,368	,		
6.05	Cashiering/Accounts Receivable			13,378			
6.06 6.07							
6.08						*	
6.00	Administrative and General		*	12,194	1,344,143		
7.00	Maintenance and Repairs			1,534	83,896		
8,00	Operation of Plant			202,287	15,513		
9.00 10.00	Laundry and Linen Service Housekeeping			11,511 11,177	50,919 132,611		
11,00	Dietary			30,621	102,011		
12.00	Cafetena			18,523	138,927		
13.00	Maintenance of Personnel			4 400	7.700		•
14.00 15.00	Nursing Administration Central Services & Supply			4,409 11,295	7,766 623,496		
16.00	Pharmacy			16,542	4,580		
17.00	Medical Records and Library			18,054	4,341		
18.00	Social Service			823			
19.00 20.00							
21.00							
22.00	I&R Services - Salary and Fringes Approved		*				
23.00	I&R Services - Other Program Costs Approved			13,515			
24.00 24.01	Paramed Ed. School of Radiology			2,894			
24.01	Paramed Ed - School of Anesthesia Paramed Ed - School of Laboratory			2,894			
	INPATIENT ROUTINE COST CENTERS						
25.00	Adults & Pediatrics (Gen Routine)		· ·	154,892	441,098		
26.00 27.00	Intensive Care Unit Coronary Care Unit .			17,683	32,849		
28.00	Bum Intensive Care Unit			18,206	32,769		
29.00	Surgical Intensive Care Unit		•	17,348	192,007		
30.00	Neonatal Intensive Care Unit	•		10,414	307,742		
31.00 32.00	Subprovider			85,383	128,640		
33.00	Nursery			3,676	81,334		
34.00	Medicare Certified Nursing Facility			5,5.0	51,007		•
35,00	Distinct Part Nursing Facility						
36.00	Adult Subacute Care Unit						
36.01 36.02	Subacute Care Unit II Transitional Care Unit						
			•				

,		OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (DOLLAR VAL)	& FIXTURES	NEW MOVBLE EQUIP	STAT							
		1.00	2.00	(SQ FT) 3.00 (Adjs 15-18)	(DOLLAR VAL) 4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08
37.00	ANCILLARY COST CENTERS Operating Room			48,988	340,866		•						
38.00	Recovery Room												
39.00 40.00	Delivery Room and Labor Room Anesthesiology			9,984	21,781								
41.00	Radiology - Diagnostic			24,756									
41.01 41.02	Ultra Sound			497	745,614			•			,		
42.00	Radiology - Therapeutic			6,329									
43.00 44.00	Radioisotope Laboratory			492 24,258		•							
45.00	PBP Clinical Lab Services			24,230	045,200		•				•		
46.00 47.00	Whole Blood and Packed Red Blood Cells Blood Storing, Processing, and Transport												
49.00	Respiratory Therapy			3,868								,	
49.01 50.00	Pulmonary Function Physical Therapy			1,049 7 ,129		•			•				
51.00	Occupational Therapy			280									
52.00	Speech Pathology			280									
53:00 54.00	Electrocardiology Electroencephalography			3,322 1,864	283,478				•				
55.00	Medical Supplies Charged to Patients			0				·					
56.00 57.00	Drugs Charged to Patients Renal Dialysis			0									
58.00	ASC (Non-Distinct Part)			21,534	693,126	•							
59.00 ⁻ 59.01	·												
59.02		-	•										
59.03 60.00	Clinic			38,679	496,156								
60.01 61.00	Psych AES Unit Emergency			5,760			1					•	
62.00	Observation Beds (Non-Distinct Part)			15,420	882,172								
71.00 82.00	Home Health Agency			1,917									•
83.00	Kidney Acquisition			108									
84.00 85.00								•					
86.00													
96.00	NONREIMBURSABLE COST CENTERS Gift, Flower, Coffee Shop & Canteen			1,073									
97.00	Research		•	1,073									
98.00	Physicians' Private Office			3,069									
99.00 99.01	Nonpaid Workers Marketing and Public Relations			562									
99.02				•						,			
99.03 99.0 4													
99.05					•								
100.00 100.01	Other Nonreimbursable Cost Centers Other Nonreimbursable Cost Centers			1,238 293									
100.02	Unused Space			28,546						•			
100.03 100.04													
	TOTAL	0	0	954,198	18,250,855	0	0-	0	0	0	0	0	0
	COST TO BE ALLOCATED	0	ō	39,148,801	6,062,465	0	0	. 0	Ō	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	41.027964	0.332174	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

				•												
			EMP BENE	NON-PAT TEL DA	TA PROCES	PURCH/REC	ADMITTING	CASHIER/AR	STAT		STAT	STAT		& GEN		MAINT &
			(GROSS	(# OF	(TIME	(COST	(GROSS IP	(TOTAL			*			CCUM		REPAIRS
	·		SALARIES)	PHONES)	SPENT)	REQUIS)	REVENUE)	GROSS REV)					C	OST)		(SQ FT)
	•		5.00	6.01	6.02	6.03	6.04	6.05	6.06		6.07	6.08				7.00
		•					(Adj 19)			٠	•					(Adjs 15-18)
				•						1.						
	4 00	GENERAL SERVICE COST CENTERS	~										,			
	1.00 2.00	Old Cap Rel Costs-Bldg & Fixtures														
	3.00	Old Cap Rel Costs-Movable Equipment New Cap Rel Costs-Bldg & Fixtures				•	•						,			
	4.00	New Cap Rel Costs-Moyable Equipment														
	4.01	riew dup ives dusid-morable Equipment							,							
	4.02															
	4.03															
	4.04										'					
	4.05			•												
	4.06	· ·														
	4.07	,				,										
	4.08															
	5.00	Employee Benefits		•												
	6.01	Non-Patient Telephones						*	,							
	6.02	Data Processing	_	67												
	6.03	Purchasing, Receiving, and Stores	_	17	10 -											
	6.04	Admitting		81	8	02.000										
	6.05 6.06	Cashiering/Accounts Receivable			30	93,003										
	6.07															•
	6.08	•			_				•							*
	6.00	Administrative and General		516	92	296,598										
	7.00	Maintenance and Repairs		52		336,516							5	,340,125		
	8.00	Operation of Plant		14		54,882							14	,828,79 7		202,287
	9.00	Laundry and Linen Service		4	2	88			•					2,458,440		11,511
	10.00	Housekeeping		25	47	759,948		•						,335,243		11,177
٠.,	11.00	Dietary		46	5	3,355,757								5,968,780		30,621
	12.00	Cafeteria			5								3	3,521,434 ⁻		18,523
	13.00	Maintenance of Personnel		•										0		4.400
	14.00	Nursing Administration		76	14	55,788								1,238,743		4,409 11,295
	15.00	Central Services & Supply	•	15	10	118,964								3,310,475		16,542
	16.00	Pharmacy		83	37	272,234								3,768,535		18,054
	17.00	Medical Records and Library		68	39	111,295								8,960,710 855,587		823
	18.00	Social Service		. 9	5	3,336			•					0	•	
	19.00 20.00	•					*							0		•
	21.00	•												0		
	22.00	I&R Services - Salary and Fringes Approved		35	157	28,388		4						7,504,189		
	23.00	I&R Services - Other Program Costs Approved		33	11	20,500								3,316,138		13,515
	24.00	Paramed Ed - School of Radiology		1	10	130	•							330,080		2,894
	24.01	Paramed Ed - School of Anesthesia							•					227,337		2,894
	24.02	Paramed Ed - School of Laboratory				1,110								36,637		
		INPATIENT ROUTINE COST CENTERS							•			*				454.000
- :	25.00	Adults & Pediatrics (Gen Routine)		168	151	403,591	99,328,318	99,328,318						0,633,717	•	154,892
	26.00	Intensive Care Unit		69	46	120,597	26,131,842	26,131,842			*		11	1,100,285		17,683
	27.00	Coronary Care Unit												0		40.000
	28.00	Burn Intensive Care Unit		26	39	41,494	12,859,230	12,859,230						4,798,295		18,206
	29.00	Surgical Intensive Care Unit		33	49	96,751	22,363,614	22,363,614				s'		7,059,274		17,348 10,414
	30.00	Neonatal Intensive Care Unit		27	27	99,754	30,250,497	30,250,497						7,097,533 2,856,770		85,383
	31.00	Subprovider		92	13	60,465	28,426,345	28,426,345					1.	0 / 1,000,00		00,000
	32.00	Nurson		40	10	27.404	6 274 224	6,274,224						3,150,538		3,676
	33.00° 34.00	Nursery Medicare Certified Nursing Facility		10	12	27,481	6,274,224	0,214,224						0		-1
	35.00	Distinct Part Nursing Facility			•									<u>0</u> .		
	36.00	Adult Subacute Care Unit												0		
	36.01	Subacute Care Unit II	4											0,		
	36.02	Transitional Care Unit		*										0		
						*						-				

		EMP BENE (GROSS SALARIES) 5.00	NON-PAT TEL (# OF PHONES) 6.01	DATA PROCES (TIME SPENT) 6.02	PURCH/REC (COST REQUIS) 6.03	ADMITTING (GROSS IP REVENUE) 6.04 (Adj 19)	CASHIER/AR (TOTAL GROSS REV) 6.05	STAT 6.06	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adjs 15-18)
	,		•									
	ANCILLARY COST CENTERS			,							44.440.000	48.988
37.00	Operating Room		168	23	288,699	63,789,376	63,789,376				11,440,239	48,966
38.00	Recovery Room										7.404.004	9,984
39.00	Delivery Room and Labor Room		54	24	185,909	15,262,356	19,958,595				7,481,694	9,904
40.00	Anesthesiology			_							13,648,827	24,756
41.00	Radiology - Diagnostic		137	47	923,512	46,681,026	107,762,267				1,044,762	497
41.01	Ultra Sound		. 7	2	5,729	1,623,841	6,483,550				0	
41.02	Dedictory Therepaylin		3	•	510	29,736	4,952,345				1,049,442	6,329
42.00	Radiology - Therapeutic		6	1	219,299	476,238	1,594,293				667,523	492
43.00	Radioisotope		70	43	2,479,260	59,822,554	114,000,868				14,896,786	24,258
44.00 45.00	Laboratory PBP Clinical Lab Services		70	45	2,475,200	. 55,622,554	114,000,000				0	
46.00	Whole Blood and Packed Red Blood Cells		4		2,657,333	7,061,517	9,245,909				3,317,935	
47.00	Blood Storing, Processing, and Transport				2,007,000	7,000,000					0	
49.00	Respiratory Therapy		31	43	255,243	53,120,388	56,978,167				7,051,336	3,868
49.01	Pulmonary Function		1	1	357	13,282	347,926				302,275	1,049
50.00	Physical Therapy		13	-11	8,685	2,960,183	5,331,469				2,313,298	7,129
51.00	Occupational Therapy		6	2	5,348	896,747	2,281,420				794,952	280
52.00	Speech Pathology				. 786	563,779	700,514				276,205	280 3,322
53.00	Electrocardiology		15	1	411,833	12,291,600	17,171,562				2,085,601	3,322 1,864
54.00	Electroencephalography		70	3	4,588	327,851	2,162,362				627,852 27,288,024	1,804
55.00	Medical Supplies Charged to Patients					93,010,440	122,657,590				23,733,402	ŭ
56.00	Drugs Charged to Patients				40.000	67,891,723	141,649,076				1,994,223	. 0.
57.00	Renal Dialysis		9	9	18,930	1,906,107	5,467,398 29,275,486				5,154,459	21,534
58.00	ASC (Non-Distinct Part)			9			29,275,460				0	
59.00 59.01											0	
59.01	•										0	
59.03		•		,		,					0	
60.00	Clinic		166	177	367,344	204,258	37,107,733				17,657,280	38,679
60.01	Psych AES Unit		10		69,842	1,081,115	3,720,924				4,817,690	5,760
61.00	Emergency		91	81	737,925	32,801,014	61,894,669				14,122,751	15,420
62.00	Observation Beds (Non-Distinct Part)										0	1,917
71.00	Home Health Agency		16	14	14,905	3,369	1,186,319				1,474,142	1,917
82.00						*		•		•	0 391,879	108
83.00	Kidney Acquisition		3	2	119,551	289,767	289,767				391,879 0	100
84.00	•										Ö	
85.00	•									•	0	•
86.00	NONREIMBURSABLE COST CENTERS				•						-	
96.00	Gift, Flower, Coffee Shop & Canteen										44,023	*
96.00	Research		*								0	
98.00	Physicians' Private Office										125,915	4,600
99.00	Nonpaid Workers							٠.			0	562
99.01	Marketing and Public Relations		•								539,128	
99.02	•										0.	
99.03	•										0	
99.04									*		0	
99.05			•								0	
100.00	Other Nonreimbursable Cost Centers										50,793 321,108	1,531
100.01	Other Nonreimbursable Cost Centers										321,108 1,171,184	28,546
100.02	Unused Space										1,171,104	23,040
100.03									•		0	
100,04												
	TOTAL	0	2,414	1,303	15,113,758	687,742,337	1,041,643,655	0	0	0.	332,582,389	903,900 、
	COST TO BE ALLOCATED	0		7,987,297	3,344,701	128,559	7,528,331	0	0,	0	28,453,856	5,796,996
	UNIT COST MULTIPLIER - SCH 8	0.000000		6129.928994	0.221302	0.000187	0.007227	0.000000	0.00000	0.000000	0.085554	6.413316

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

		OPER PLANT (SQ FT) 8.00 (Adjs 15-18)	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE- KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (CAFETERIA MEALS) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00		CENT SERV & SUPPLY (CST REQ) 15,00	PHARMACY (COSTS REQUIS) 16.00	MED REC (TOTAL GROSS REV) 17.00	SOC SERV (ASSIGNED TIME) 18.00	STAT
1.00 2.00 3.00	GENERAL SERVICE COST CENTERS Old Cap Rel Costs-Bldg & Fixtures Old Cap Rel Costs-Movable Equipment New Cap Rel Costs-Bldg & Fixtures		-										
4.00	New Cap Rel Costs-Movable Equipment												
4.01	•												
4.02												•	
4.03 4.04			•										
4.05			•								•		
4.06													
4.07													
4.08													
5.00	Employee Benefits										*		
6.01 6.02	Non-Patient Telephones												
6.03	Data Processing Purchasing, Receiving, and Stores									_			
6.04	Admitting			-									
6.05	Cashiering/Accounts Receivable				•					,			
6.06										,			
6.07						•							
6.08	Administrative and Comment												
6.00 7.00	Administrative and General Maintenance and Repairs												
8.00	Operation of Plant												
9.00	Laundry and Linen Service	11,511											
10.00	Housekeeping	11,177	3,083										
11.00	Dietary	30,621	778	719						•			
12.00	Cafeteria	18,523		2,157							•	·	
13.00	Maintenance of Personnel							*		*			
14.00 15.00	Nursing Administration Central Services & Supply	4,4 09 11,295	311 175,059	311		17,526		3,778					
16.00	Pharmacy	16,542	175,059	1,540 2,054		8,132		3,778	311,507			÷	
17.00	Medical Records and Library	18,054		4,109		31,897			2,219		, .	*	
18.00	Social Service	823		2,567		5,336		•	_,				
19.00		•	•										
20.00						*			-	*			
21.00 22.00	ISD Continue Coloni and Educa Appended			0.054									
23.00	I&R Services - Salary and Fringes Approved I&R Services - Other Program Costs Approved	13,515		2,054 614		43,576							
24.00	Paramed Ed - School of Radiology	2,894		014		7,969							
24.01	Paramed Ed - School of Anesthesia	2,894				82							
24.02	Paramed Ed - School of Laboratory INPATIENT ROUTINE COST CENTERS		•	•			•						
25.00	Adults & Pediatrics (Gen Routine)	154,892	689,017	70,975	236,905	109,455		37,138	1,838,549		99,328,318	378	
26.00	Intensive Care Unit	17,683	121,614	12,427	8,898	25,854		13,287	659,389		26,131,842	98	
27.00	Coronary Care Unit	,555	,014	12,727	0,000	20,004		.0,201	330,000		,,		
28.00	Burn Intensive Care Unit	18,206	92,540	8,835	6,600	12,921		4,664	563,464		12,859,230	67	
29.00	Surgical Intensive Care Unit	17,348	99,894	3,596	6,349	25,054		8,505	624,254		22,363,614	96	
30,00	Neonatal Intensive Care Unit	10,414	50,856	<u> </u>		. 16,796		8,419	472,925		30,250,497	79	
31.00 32.00	Subprovider	85,383	202,400	25,275	94,127	55,028		14,523	76,194		28,426,345	143	
33.00	Nursery	3,676	46,113	3,596		6,898		2,833	153,940		6,274,224	21	
34.00	Medicare Certified Nursing Facility	3,076	40,113	3,390		0,098		2,033	133,940		0,214,224	21	
35.00	Distinct Part Nursing Facility		•						*				
36.00	Adult Subacute Care Unit												*
36.01	Subacute Care Unit II												
36.02	Transitional Care Unit									4			

Provider Name:
ARROWHEAD REGIONAL MEDICAL CENTER

		OPER PLANT (SQ FT) 8.00 (Adjs 15-18)	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE- KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (CAFETERIA MEALS) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (TOTAL GROSS REV) 17.00	SOC SERV (ASSIGNED TIME) 18.00	STAT
	ANCILLARY COST CENTERS								40.047.775		63,789,376		
37.00 38.00	Operating Room Recovery Room	48,988	63,087	45,458		27,702		15,906	10,017,775				
39.00 40.00	Delivery Room and Labor Room Anesthesiology	9,984	133,608	13,865		19,599			410,523	,	19,958,595		
41.00	Radiology - Diagnostic	24,756	98,582	5,956		32,254		•	1,019,417		107,762,267		•
41.01 41.02	Ultra Sound	497	26,256			2,165			6,708		6,483,550		
42.00	Radiology - Therapeutic	6,329		206		559			588		4,952,345 1,594,293		•
43.00 44.00	Radioisotope Laboratory	492 24,258	3,882	206 6,780		665 44,325			2,283 157,134		114,000,868		
45.00	PBP Clinical Lab Services	11,100		4,700		.,,-=-			4.002		9,245,909		
46.00 47.00	Whole Blood and Packed Red Blood Cells Blood Storing, Processing, and Transport								1,003				
49.00	Respiratory Therapy	3,868	. 32	719		31,154			183,208 12,728		56,978,167 347,926		
49.01 50.00	Pulmonary Function Physical Therapy	1,049 7,129		206 1,233		550 6,263			94,729		5,331,469		
51.00	Occupational Therapy	280		1,233		2,664		•	41,571		2,281,420 700,514		
52.00 53.00	Speech Pathology Electrocardiology	280 3,322		513		986			593,521		17,171,562		
54.00	Electroencephalography	1,864		513					7,515		2,162,362 122,657,590		
55.00 56.00	Medical Supplies Charged to Patients Drugs Charged to Patients	0								22,371,907	141,649,076		
57.00	Renal Dialysis	0	521	0.050				2,701	341,050		5,467,398 29,275,486		•
58.00 59.00	ASC (Non-Distinct Part)	21,534	28,344	8,052	•						20,211,111		
59.01													
59.02 59.03						•	•	•			07 407 700	25	·
60.00 60.01	Clinic Psych AES Unit	38,679 5,760	76,225 4,401	11, 4 02 1,706	2,678 18,611	11,427 1,343		585	1,059,105 64,246		37,107,733 3,720,924	25 93	
61.00	Emergency	15,420	193,242	30,403	18,273	46,286			2,077,650		61,894,669		*
62.00 71.00	Observation Beds (Non-Distinct Part) Home Health Agency	1,917		511		9,322			3,915		1,186,319		
82.00	nome neam Agency								.,		289,767		
83.00 84.00	Kidney Acquisition	108°		•		528		353			209,707		•
85.00													
86.00	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen										,		
97.00 98.00	Research Physicians' Private Office	4,600											
99.00	Nonpaid Workers	562											
99.01 99.02	Marketing and Public Relations												
99.03 99.04	·						·						
99.05													
100.00 100.01		1,531	. 528										
100.02	Unused Space	28,546											
100.03 100.04									•		· -		
	TOTAL	701,613	2,110,373	269,791	392,441	604,316	~ 0	112,692	20,797,110	22,371,907			٥
,	COST TO BE ALLOCATED	17,394,795	3,027,982	10,487,125	7,464,055	4,484,580	0	4,881,567	4,481,211	10,181,891	8,516,526		0.000000
•	UNIT COST MULTIPLIER - SCH 8	24.792578	1.434809	38.871293	19.019559	7.420918	0.000000	43.317774	0.213473	0.455120	3.000176		=

I&R SVCS I&R SVCS PARAMED ED-PARAMED ED-PARAMED ED-SALARY OTHER PROG SCH OF RADIOSCH OF ANEST SCH OF LAB)
(TIME SPENT) (TIME SPENT) (TIME SPENT) (TIME SPENT) (TIME SPENT)

Fiscal Period Ended: JUNE 30, 2007

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

		20.00	21.00	(TIME SPI 22.00	ENT) (1	23.00	(TIME SPENT) 24.00	(TIME SPENT) 24.01	24.02
	GENERAL SERVICE COST CENTERS		•						
1.00	Old Cap Rel Costs-Bldg & Fixtures								
2.00	Old Cap Rel Costs-Movable Equipment	,							
3.00	New Cap Rel Costs-Bldg & Fixtures								
4.00	New Cap Rel Costs-Movable Equipment					•	•		
4.01									
4.02	•								
4.03						•			
4.04									
4.05						•			
4.06									
4.07									
4.08 5.00	Employee Benefits	•							
6.01	Non-Patient Telephones								
6.02	Data Processing								
6.03	Purchasing, Receiving, and Stores								
6.04	Admitting						•		
6.05	Cashiering/Accounts Receivable								
6.06									
6.07									
6.08						•			
6.00	Administrative and General								
7.00	Maintenance and Repairs	-		•	-		*		
8.00	Operation of Plant								
9.00	Laundry and Linen Service							*	
10.00	Housekeeping		• .				•		
11.00	Dietary								
12.00	Cafeteria								
13,00	Maintenance of Personnel								
14.00	Nursing Administration				•				
15.00 16.00	Central Services & Supply Pharmacy								-
17.00	Medical Records and Library					*			
18.00	Social Service								
19.00									
20.00	•								
21.00									
22.00	I&R Services - Salary and Fringes Approved								
23.00	I&R Services - Other Program Costs Approved								
24.00	Paramed Ed - School of Radiology						,		
24.01	Paramed Ed - School of Anesthesia								
24.02	Paramed Ed - School of Laboratory								•
	INPATIENT ROUTINE COST CENTERS				5 00	F00			
25.00	Adults & Pediatrics (Gen Routine)				560	560			
26.00	Intensive Care Unit				61	61			
27.00	Coronary Care Unit				20				
28.00	Burn Intensive Care Unit				38 35	38 35			
29.00	Surgical Intensive Care Unit				33	33		•	
30.00 31.00	Neonatal Intensive Care Unit Subprovider								•
32.00	ομορι ανίας:								
33.00	Nursery				46	46			
34.00	Medicare Certified Nursing Facility				-,0	40			
35.00	Distinct Part Nursing Facility								
36.00	Adult Subacute Care Unit								
36.01	Subacute Care Unit II								
36.02	Transitional Care Unit								

STAT

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STATISTICS FOR COST ALLOCATION (W/S B-1)

Provider Name:

ARROWHEAD REGIONAL MEDICAL CENTER

		STAT 20.00	STAT 21.00	I&R SVCS SALARY (TIME SPENT) 22.00		PARAMED ED- SCH OF RADIOS (TIME SPENT) 24.00	SCH OF ANEST	SCH OF LAB)
	ANCILLARY COST CENTERS							•
37.00	Operating Room			126	126		650	
38.00	Recovery Room							
39.00	Delivery Room and Labor Room							
40.00	Anesthesiology					4.000		1,000
41.00	Radiology - Diagnostic			14	14	1,000		1,000
41.01 41.02	Ultra Sound			14	14			
42.00	Radiology - Therapeutic			•				
43.00	Radioisotope							
44.00	Laboratory			2	2			
45.00	PBP Clinical Lab Services				_			
46.00	Whole Blood and Packed Red Blood Cells							
47.00	Blood Storing, Processing, and Transport							
49.00	Respiratory Therapy			7	7			
49.01	Pulmonary Function							•
50.00	Physical Therapy	•					,	
51.00	Occupational Therapy							
52.00	Speech Pathology							
53.00	Electrocardiology							
54.00 55.00	Electroencephalography Medical Supplies Charged to Patients					•		
56.00	Drugs Charged to Patients							
57.00	Renal Dialysis							
58.00	ASC (Non-Distinct Part).	•					350	
59.00								
59.01								
59.02	•							
59.03								
60.00	Clinic			101	101			
60.01	Psych AES Unit							
61,00	Emergency			10	10			
62.00	Observation Beds (Non-Distinct Part)					• *		
71.00	Home Health Agency							
82.00 83.00	Kidney Acquisition							
84.00	Ridiley Acquisition							
85.00								
86.00			• *					
	NONREIMBURSABLE COST CENTERS				•			
96.00	Gift, Flower, Coffee Shop & Canteen	•		•				
97.00	Research							*
98.00	Physicians' Private Office							
99.00	Nonpaid Workers							
99.01	Marketing and Public Relations	4						
99.02							×	
99.03								
99.04								
99.05 100.00	Other Nonreimbursable Cost Centers							
100.00	Other Nonreimbursable Cost Centers Other Nonreimbursable Cost Centers							
100.01	Unused Space							
100.03								
100.04				•				
	TOTAL	0	0	1,000	1,000	1,000	1,000	1,000
	COST TO BE ALLOCATED	0	0	8,226,047	7,625,500	507,767	337,705	39,771
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	8226.046575	7625.499545	507.766690	337.704953	39.771068

TRIAL BALANCE OF EXPENSES

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

	·	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
	Old Cap Rel Costs-Movable Equipment		0	0
	New Cap Rel Costs-Bldg & Fixtures	43,676,057	(4,527,256)	39,148,801
4.00	New Cap Rel Costs-Movable Equipment	10,368,202	(4,305,737)	6,062,465
4.01	<u> </u>		. 0	0
4.02	<u> </u>		0	. 0
4.03			00	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
	Employee Benefits		0	0
	Non-Patient Telephones	625,229	508	625,737
	Data Processing	6,527,619	924,962	7,452,581
	Purchasing,Receiving, and Stores	2,007,193	551,760	2,558,953
	Admitting		. 0	0
	Cashiering/Accounts Receivable	6,774,979	. 0	6,774,979
6.06			0	0
6.07			0	0
6.08			0	0
	Administrative and General	36,560,428	(9,831,969)	
	Maintenance and Repairs	5,158,879	952	5,159,831
	Operation of Plant	6,483,027	25,005	6,508,032
	Laundry and Linen Service	1,955,819	.0	1,955,819
	Housekeeping	8,368,509	610	8,369,119
	Dietary	3,932,708	(6,815)	
	Cafeteria	2,672,764	11,911	2,684,675
	Maintenance of Personnel		0	0
	Nursing Administration	3,935,157	0	3,935,157
	Central Services & Supply	2,177,087	370,910	2,547,997
	Pharmacy	7,303,032	474,273	7,777,305
	Medical Records and Library	5,935,214	0	5,935,214
	Social Service	787,834	0	787,834
19.00		<u> </u>	0	0
20.00			. 0	0
21.00			0	0
	I&R Services - Salary and Fringes Approved	6,759,507	(234,107)	
	I&R Services - Other Program Costs Approved	5,694,216	. 0	5,694,216
	Paramed Ed - School of Radiology	149,728	0	149,728
	Paramed Ed - School of Anesthesia	108,602		
24.02	Paramed Ed - School of Laboratory	36,391	0	36,391
05.00	INPATIENT ROUTINE COST CENTERS	04.070.004	150 450	00 000 000
	Adults & Pediatrics (Gen Routine)	31,873,961	458,429	32,332,390
	Intensive Care Unit	9,652,386		
	Coronary Care Unit	2 040 400	77.156	
	Burn Intensive Care Unit	3,612,198	77,156	
	Surgical Intensive Care Unit Neonatal Intensive Care Unit	5,673,484	113,139	
		6,098,851	49,526	
	Subprovider	9,118,869	(138,321)	8,980,548
32.00		2 942 094	(330)	
	Nursery Medicare Certified Nursing Facility	2,843,984	(329)	2,843,655
_			0	0
	Distinct Part Nursing Facility Adult Subacute Care Unit		0	0
	Subacute Care Unit II	 	0	
	Transitional Care Unit	 	0	
	Transitional Care Offic			<u> </u>

TRIAL BALANCE OF EXPENSES

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2007

		F	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS				
37.00	Operating Room	\$	8,533,140	\$ 57,645	\$ 8,590,785
	Recovery Room			. 0	0
39.00	Delivery Room and Labor Room		6,462,274	251,605	6,713,879
	Anesthesiology		·	. 0	0
41.00	Radiology - Diagnostic		7,584,071	928,348	8,512,419
41.01	Ultra Sound		687,469 ·	26,517	713,986
41.02				0	. 0
42.00	Radiology - Therapeutic		752,999	. 0	752,999
	Radioisotope		224,078	218,299	442,377
	Laboratory		11,509,889	509,747	12,019,636
	PBP Clinical Lab Services			0	0
	Whole Blood and Packed Red Blood Cells		2,660,564	0	2,660,564
	Blood Storing, Processing, and Transport			0	0
	Respiratory Therapy		6,286,952	(145,069)	6,141,883
	Pulmonary Function		145,814	(2,694)	
	Physical Therapy		1,911,654	(3,303)	
	Occupational Therapy	_	740,208	(3,303)	
	Speech Pathology	_	259,375	0	259,375
	Electrocardiology	- 	1,722,050	(748)	
	Electroencephalography	_	422,843	(20,942)	
	Medical Supplies Charged to Patients		27,711,366	(1,366,444)	
	Drugs Charged to Patients	_	22,223,737	473,226	22,696,963
	Renal Dialysis		1,948,081	(518)	
			3,806,405	(32,435)	
	ASC (Non-Distinct Part)		3,000,403	(32,435)	
59.00					0
59.01				0	0
59.02				. 0	0
59.03			44.000.470	. 0	0
	Clinic		11,386,478	3,036,610	14,423,088
	Psych AES Unit		4,636,064	(103,016)	
	Emergency		11,722,934	334,555	12,057,489
	Observation Beds (Non-Distinct Part)			0	0
	Home Health Agency		1,297,126	(3,948)	
82.00				0	0
	Kidn'ey Acquisition		345,716	Q	345,716
84.00				0	
85.00				, 0	0
86.00				. 0	
	SUBTOTAL	\$	371,853,201	\$ (11,642,112)	\$ 360,211,089
	NONREIMBURSABLE COST CENTERS				
	Gift, Flower, Coffee Shop & Canteen			. 0	0
	Research			0	0
	Physicians' Private Office			0	0
	Nonpaid Workers			0	
	Marketing and Public Relations			516,070	
99.02				<u> </u>	0
99.03	4			0	
99.04				0	
99.05			1	. 0	
	Other Nonreimbursable Cost Centers			. 0	0
100.01	Other Nonreimbursable Cost Centers		309,062	. 25	309,087
	Unused Space			0	. 0
100.03				. 0	
100.04				, 0	0
	SUBTOTAL	. \$	309,062		
101	TOTAL	\$	372,162,263	\$ (11,126,017)	\$ 361,036,246

(To Schedule 8)

SCHEDULE 10A Page 1 Fiscal Period Ended: JUNE 30, 2007

Provider Name:
ARROWHEAD REGIONAL MEDICAL CENTER

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ 5	AUDIT ADJ	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ 12	AUDIT ADJ 13
	CENTER A DEPUTE SONT CONTRA		•											
1.00	GENERAL SERVICE COST CENTER				•									
	Old Cap Rel Costs-Bldg & Fixtures	\$0											***************************************	
3.00	Old Cap Rel Costs-Movable Equipment New Cap Rel Costs-Bldg & Fixtures	0	1001010											
4.00		(4,527,256)	(361,246)	(4.000.075)			******				(725,315)	(3,440,695)		
4.00	New Cap Rel Costs-Movable Equipment	(4,305,737)		(4,286,877)	mana.							(18,860)		
4.02		0									***************************************			
4.02		0												
4.04		0												
4.05		0												
4.06		٠.								<u> </u>				
4.07		0		<u> </u>	'									
4.08		0		<u> </u>			****							
	Employee Benefits	n												
	Non-Patient Telephones	508		508										
	Data Processing	924,962		924,962										
	Purchasing, Receiving, and Stores	551,760		551,759	(7)						***************************************			
6.04	Admitting	001,700		331,735					***********					
6.05	Cashiering/Accounts Receivable	Ô	***************************************						·····					
6.06		Ô												
6.07		Ô												
6.08		Ô						***************************************						***************************************
	Administrative and General	(9,831,969)	19,352	19,295		(2,413,399)	(516,070)						(6,800,000)	(141,147)
	Maintenance and Repairs	952		952		(2,410,000)	(010,010)						10,000,000/	
	Operation of Plant	25,005		25,005					mental and a second					
	Laundry and Linen Service	0												
10.00	Housekeeping	610		. 610	***************************************			-						
11.00	Dietary	(6,815)		5,102	(6)			(11,911)					- 	
12.00	Cafeteria	11,911						11,911					·	
13,00	Maintenance of Personnel	0												
14.00	Nursing Administration	0		_	***************************************									,
15.00	Central Services & Supply	370,910	***************************************	373,703	(6,411)			~~~~		3,618				`
	Pharmacy	474,273		474,273	(202,850)		-			202,850				
	Medical Records and Library	0												,
	Social Service	. 0												
19.00		0												
20.00	4	0										,		
21.00		0												
22.00	I&R Services - Salary and Fringes Approved	(234,107)							(234,107)					
	I&R Services - Other Program Costs Approved	0	-											
	Paramed Ed - School of Radiology	0												
	Paramed Ed - School of Anesthesia	0				***************************************		-	*****	***************************************				
24.02	Paramed Ed - School of Laboratory	0			-			***************************************						
25.00	INPATIENT ROUTINE COST CENTERS													
	Adults & Pediatrics (Gen Routine)	458,429		459,397	(68,807)				(969)	68,808				
	Intensive Care Unit	189,149		201,771	(17,294)				(12,623)	17,295			~~~	
	Coronary Care Unit	77.150		00.000	/R FF.									
	Burn Intensive Care Unit	77,156	-	98,989	(5,559)				(21,833)	5,559				
	Surgical Intensive Care Unit	113,139		113,139	(17,345)					17,345				
	Neonatal Intensive Care Unit Subprovider	49,526		53,348	(2,622)				(3,822)	2,622				
32.00	annhuavidei.	(138,321)			(29)	,			(138,292)					
	Nursery	0		2240										
	Medicare Certified Nursing Facility	(329)		3,240					(3,598)	29	***************************************			
35.00	Distinct Part Nursing Facility	0							<u> </u>					
36.00	Adult Subacute Care Unit	0												
	Subacute Care Unit II	0								<u> </u>				
	Transitional Care Unit	0	-						·					
		•												

SCHEDULE 10A Page 1 Fiscal Period Ended: JUNE 30, 2007

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ	AUDIT ADJ 12	AUDIT ADJ 13
	ANCILLARY COST CENTERS													
	Operating Room	57,645		63,638	(83,833)				17,804	60,036		•		
38.00	Recovery Room	0												
	Delivery Room and Labor Room	251,605		266,148	(14,169)				(14,543)	14,169				
40.00		0												
	Radiology - Diagnostic	928,348		6,300	(2,057)				117,125	806,980				
41.01	Ultra Sound	26,517		26,297	(48)					268				
	Radiology - Therapeutic	0												
	Radioisotope	0 218,299								240.200				
	Laboratory	509,747	· 	564,675	(6)				(48,915)	(6,007)				
	PBP Clinical Lab Services	0		307,073	(0)				(40,913)	(0,007)			·	
	Whole Blood and Packed Red Blood Cells	0			(83)					83				
	Blood Storing, Processing, and Transport	ō												
	Respiratory Therapy	(145,069)	-	33,456	(318)				(2,458)	(175,749)				
	Pulmonary Function	(2,694)	-		(1)				(2,457)	(236)	-		***************************************	
	Physical Therapy	(3,303)			(225)				(3,303)	225				
	Occupational Therapy	(3,303)			(1)				(3,303)	1				
52.00		0												
	Electrocardiology	(748)	-		(1,900)				(64,377)	65,529				
	Electroencephalography	(20,942)							(20,942)	***************************************				
	Medical Supplies Charged to Patients	(1,366,444)								(1,366,444)	***************************************			
	Drugs Charged to Patients	473,226			473,226		***************************************							
	Renal Dialysis ASC (Non-Distinct Part)	(518)		1,705	(5,844)				(2,223)	5,844				
59.00	ASC (Non-Distinct Part)	(32,435)				•			(53,714)	21,279				
59.00	•	0							~~					
59.02	•	0									· · · · · · · · · · · · · · · · · · ·	<u> </u>		
59.03		0						-						
	Clínic	3,036,610	341,894	11,498	(5,740)	2,413,399			070.004	3,535				
	Psych AES Unit	(103,016)	341,094	11,490	(5,740)	2,413,399	**********		272,024	1				
	Emergency	334,555		7,107	(38,038)		-		(103,017) 327,543	37,943				
62.00	Observation Beds (Non-Distinct Part)	0		- 1,101	(30,030)				321,343	37,343				
	Home Health Agency	(3,948)			(33)					(3,915)				
82.00	• •	0								10,010/				
83.00	Kidney Acquisition	0			,									
84.00		0												
85.00		. 0						~~~~						
86.00	•	0 .												
	NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	0										·		
97.00	Research	. 0												
98.00	Physicians' Private Office	0												******
	Nonpaid Workers	0												
99.01	Marketing and Public Relations	516,070		***************************************			516,070							
99.02 99.03		0			***************************************									-
99.03		0												
99.05		0						***************************************						
	Other Nonreimbursable Cost Centers	0										· · · · · · · · · · · · · · · · · · ·		
	Other Nonreimbursable Cost Centers	0 25		***************************************										
	Unused Space	25								25			•	
100.02	C. ILLUS OPERC	0												
100.04		0												
		J		*										
101.00	TOTAL	(\$11,126,017)		0	0	0	0	0	0	0	(725,315)	(3,459,555)	(6,800,000)	(141,147)
		(To Sch 10)		13322					BURELUI					

SCHEDULE 10A Page 2 Fiscal Period Ended: JUNE 30, 2007

Provider Name: ARROWHEAD REGIONAL MEDICAL CENTER

AUDIT ADJ AUDIT ADJ

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	GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment	*****						***************************************				***************************************	
3.00	New Cap Rel Costs-Bldg & Fixtures							***************************************					
	New Cap Rel Costs-Movable Equipment							*					
4.01									***************************************	***************************************			
4.02		***************************************											
4.03												***************************************	
4.04													
4.05		***************************************											
4.06						~~~		***************************************					
4.07													
4.08													
	Employee Benefits												
	Non-Patient Telephones												
	Data Processing								*******				
	Purchasing, Receiving, and Stores						***************************************				,	·	
	Admitting												
	Cashiering/Accounts Receivable												
6.06							<u></u>		***************************************				
6.07									·				
6.08		·											
	Administrative and General						****						
	Maintenance and Repairs									***************************************			
	Operation of Plant												
	Laundry and Linen Service										-		
	Housekeeping												
	Dietary												
	Cafeteria												
13.00	Maintenance of Personnel.											,	
14.00	Nursing Administration												
15.00	Central Services & Supply			•									
16.00	Pharmacy			,									
17.00	Medical Records and Library												
18.00	Social Service												
19.00		* * * * * * * * * * * * * * * * * * * *											
20.00													
21.00	•				·								
22.00	I&R Services - Salary and Fringes Approved							-					
	I&R Services - Other Program Costs Approve												
	Paramed Ed - School of Radiology												
	Paramed Ed - School of Anesthesia												
	Paramed Ed - School of Laboratory												
_ ,	INPATIENT ROUTINE COST CENTERS	*			-								
25.00	Adults & Pediatrics (Gen Routine)							,					
	Intensive Care Unit												
	Coronary Care Unit												
	Burn Intensive Care Unit												 •
	Surgical Intensive Care Unit										~~~		
	Neonatal Intensive Care Unit							***************************************					
	Subprovider					·····							
32.00										***************************************			
	Nursery												
	Medicare Certified Nursing Facility									***************************************			
	Distinct Part Nursing Facility									3			
	Adult Subacute Care Unit						***************************************						 ***************************************
	Subacute Care Unit II												
36.02	Transitional Care Unit							***************************************					
									•				

SCHEDULE 10A Page 2 Fiscal Period Ended: JUNE 30, 2007

Provider Name:
ARROWHEAD REGIONAL MEDICAL CENTER

AUDIT ADJ LOA TIDUA LOA TI **ANCILLARY COST CENTERS** 37.00 Operating Room 38.00 Recovery Room 39.00 Delivery Room and Labor Room 40.00 Anesthesiology 41.00 Radiology - Diagnostic 41.01 Ultra Sound 41.02 42.00 Radiology - Therapeutic 43.00 Radioisotope 44.00 Laboratory 45.00 PBP Clinical Lab Services 46.00 Whole Blood and Packed Red Blood Cells 47.00 Blood Storing, Processing, and Transport 49.00 Respiratory Therapy 49.01 Pulmonary Function 50.00 Physical Therapy 51.00 Occupational Therapy 52.00 Speech Pathology 53.00 Electrocardiology 54.00 Electroencephalography 55.00 Medical Supplies Charged to Patients 56.00 Drugs Charged to Patients 57.00 Renal Dialysis 58.00 ASC (Non-Distinct Part) 59.00 59.01 59.02 59.03 60.00 Clinic 60.01 Psych AES Unit 61.00 Emergency 62.00 Observation Beds (Non-Distinct Part) 71.00 Home Health Agency 82.00 83.00 Kidney Acquisition 84.00 85.00 86.00 NONREIMBURSABLE COST CENTERS 96.00 Gift, Flower, Coffee Shop & Canteen 97.00 Research 98.00 Physicians' Private Office 99.00 Nonpaid Workers 99.01 Marketing and Public Relations 99,02 99.03 99.04 99.05 100.00 Other Nonreimbursable Cost Centers 100.01 Other Nonreimbursable Cost Centers 100.02 Unused Space 100.03 100.04 101.00 TOTAL 0

Provider	Name					Fiscal Period		Provider Num	ber	Adjustments
	EAD REGIONAL	MEDICAL CE	ENTER			JULY 1, 2006 THROUGH JUNE 30, 2007		HSC 30245W		. 36
		eport Reference				1, 2000 1111000110011200, 2007	- Add	1.00 002 1011		
Adi	Audit	Monte	Cost Report		T.			٨٥	Increase	As
Adj. No.	Audit Report	Work Sheet	Part Title	Line	Col.	Explanation of Audit Adjustme	ents	As Reported	(Decrease)	Adjusted
		01.001	1, 2, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	2,1,10	1 00	MEMORANDUM ADJUSTME		1,000,000		
			٠.			MEMO/// INDOM// IDOCOTIVE	<u> </u>			
1,						The Psychiatric cost was reported in the cost report of line 31. This cost will be combined with Adults and F on line 25, after step-down, because the patients have length of stay less than 30 days. This is done in acc	Pediatrics, ve a short term			
•						42 CFR 413.20, 413.24, and 413.53(b) CMS Pub. 15-1, Sections 2202.7, 2304, 2336, and 2				
						No additional adjustments will be made to reclassify statistics in the reported cost report format. For patie to Subprovider above, refer to adjustment 20.			* .	•
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State of California

Provide	r Name					Fiscal Period	Provider Numl	per	Adjustments
ARROWI	HEAD REGION	IAL MEDICAL CE	ENTER			JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
		Report Reference		******					4
۸ ما:	A	NA4 - J.	Cost Rep	oort	I		٨٥	Increase	As
Adj. No.	Audit Report	Work Sheet	Part Ti	tle Line	Col.	Explanation of Audit Adjustments	As Reported	(Decrease)	Adjusted
IVO.	Report	Sileet	Fait II	ue Line	COI.	RECLASSIFICATIONS OF REPORTED COSTS	Reported	(Decrease)	rajacou
						RECLASSIFICATIONS OF REPORTED COSTS		•	
2	10A	Α		3.00	7	New Capital Related Costs - Building and Fixtures	\$43,676,057	(\$361,246)	\$43,314,811 *
-	10A	Ä		6.06	7	Other Administrative and General	36,560,428	19,352	36,579,780 *
	10A	Ä		60.00	-	Clinic	11,386,478	341,894	11,728,372 *
	100	^		00.00	,	To reverse the provider's reclassification of departmental building	11,000,110	5,05.	
						rental expense in order to directly assign the costs.			
						42 CFR 413.24			
		•				CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A			
3	10A	Α		4.00	7	New Capital Related Costs - Movable Equipment	\$10,368,202	(\$4,286,877)	\$6,081,325 *
	10A	, A		6.01	. 7	Non-Patient Telephones	625,229	508	625,737
	10A	Α .		6.02	7	Data Processing	6,527,619	924,962	7,452,581
	10A	Α		6.03	7	Purchasing, Receiving and Stores	2,007,193	551,759	2,558,952 *
	10A	Α		6.06	7	Other Administrative and General	* 36,579,780	19,295	36,599,075 *
	10A	Α		7.00		Maintenance and Repairs	5,158,879	952	5,159,831
	10A	Α		8.00		Operation of Plant	6,483,027	25,005	6,508,032
	10A	Α .		10.00	7	Housekeeping	8,368,509	610	8,369,119
	10A	Α		11.00		Dietary	3,932,708	5,102	3,937;810 *
•	10A	Α		15.00		Central Services and Supply	2,177,087	373,703	2,550,790 *
	10A	. A		16.00		Pharmacy	7,303,032	474,273	7,777,305 *
	10A	Α		25.00		Adults and Pediatrics	31,873,961	459,397	32,333,358 *
	10A	A		26.00		Intensive Care Unit	9,652,386	201,771	9,854,157 *
	10A	A		28.00		Burn Intensive Care Unit	3,612,198	98,989	3,711,187 *
	10A	A		29.00		Surgical Intensive Care Unit	5,673,484	113,139	5,786,623 *
*	10A	A		30.00		Neonatal Intensive Care Unit	6,098,851	53,348	6,152,199 *
	10A	A		33.00		Nursery	2,843,984	3,240	2,847,224 *
	10A	Â	4	37.00		Operating Room	8,533,140	63,638	8,596,778 *
	10A	Â		39.00		Delivery Room and Labor Room	6,462,274	266,148	6,728,422 *
	10A	Ā		41.00		Radiology - Diagnostic	7,584,071	6,300	7,590,371 *
	10A	· A		41.00	7	Uitra Sound	687,469	26,297	713,766 *
	10A	Â		44.00		Laboratory	11,509,889	564,675	12,074,564 *
	10A	Â		49.00		Respiratory Therapy	6,286,952	33,456	6,320,408 *
	10A	Â		57.00		Renal Dialysis	1,948,081	1,705	1,949,786 *
	, - 31 1			330	•	•	•		
		•				-Continued on next page-			
						*Balance carried forward from prior/to subsequent adjustments			Page

	er Name				·		Fiscal Period	Pr	ovider Num	ber	Adjustments
ARROW	HEAD REGION	IAL MEDICAL CE	ENTER				JULY 1, 2006 THROUGH JUNE 30, 2007	ня	SC 30245W		36
		Report Reference									
			Cost	Report							
Adj.	Audit	Work	0030	report					As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments		Reported	(Decrease)	Adjusted
				dh			RECLASSIFICATIONS OF REPORTED COSTS				
-Continue	ed from previous p	age-					TREAD TO THE OTTER CONTENTS				•
3	- 10A	Α			60.00	7	Clinic	*	\$11,728,372	\$11,498	\$11,739,870 *
	10A	- A			61.00	7	Emergency		11,722,934	7,107	11,730,041 *
							To reverse the provider's reclassification of departmental equipment		,. ==,00	7,1.2.	,,.
							rental expense in order to directly assign the costs.				
							42 CFR 413.24				•
							CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A				
4	10A	A			6.03	7	Purchasing, Receiving and Stores	*	\$2,558,952	(\$7)	\$2,558,945 *
	10A	Α.			11.00	7	Dietary	*	3,937,810	(6)	3,937,804 *
	10A	Α .	•		15.00	7	Central Services and Supply	.*	2,550,790	(6,411)	2,544,379 *
	10A	A			16.00	7	Pharmacy	* ,	. 7,777,305	(202,850)	7,574,455 *
	10A	A			25.00	7	Adults and Pediatrics	*	32,333,358	(68,807)	32,264,551 *
	10A	, A			26.00	7	Intensive Care Unit	*	9,854,157	(17,294)	9,836,863 *
	10A	A			28.00	7	Burn Intensive Care Unit	*	3,711,187	(5,559)	3,705,628 *
	10A	A	•		29.00	7	Surgical Intensive Care Unit	*	5,786,623	(17,345)	5,769,278 *
	10A	A			30.00	7	Neonatal Intensive Care Unit	*	6,152,199	(2,622)	6,149,577 *
	10A	A			31.00	7	Subprovider		9,118,869	(29)	9,118,840 *
	10A	A	*		37.00	7	Operating Room	*	8,596,778	(83,833)	8,512,945 *
	10A	A			39.00	7	Delivery Room and Labor Room	*	6,728,422	(14,169)	6,714,253 *
	10A	A			41.00	7	Radiology - Diagnostic	*	7,590,371	(2,057)	7,588,314 *
	10A	A			41.01	7	Ultra Sound	*	713,766	(48)	713,718 *
	10A	A			44.00	7	Laboratory	*	12,074,564	(6)	12,074,558 *
	10A	A			46.00	7	Whole Blood and Packed Red Blood Cells		2,660,564	(83)	2,660,481 *
	10A	A			49.00	7	Respiratory Therapy	* .	6,320,408	(318)	6,320,090 *
	10A	Α Α			49.01	.7	Pulmonary Therapy		145,814	(1)	145,813 *
	10A	A			50.00	7	Physical Therapy		1,911,654	(225)	1,911,429 *
	10A	A			51.00	7	Occupational Therapy		740,208	(1).	740,207 *
	10A	A			53.00	7	Electrocardiology		1,722,050	(1,900)	1,720,150 *
	10A	A			57.00	7	Renal Dialysis	*	1,949,786	(5,844)	1,943,942 *
	10A	A			60.00	7	Clinic	*	11,739,870	(5,740)	11,734,130 *
	10A 10A	A			61.00	7	Emergency	. *	11,730,041	(38,038)	11,692,003 *
	IUA .	Α			71.00	7	Home Health Agency		1,297,126	(33)	1,297,093 *
							-Continued on next page-				
							*Balance carried forward from prior/to subsequent adjustments				Page

	ler Name				Fiscal Period	P	rovider Num	ber	Adjustments
ARRO	WHEAD REGIONA	L MEDICAL CE	ENTER		JULY 1, 2006 THROUGH JUNE 30, 2007	Н	SC 30245W		36
		Report Reference							
Adj.	Audit Report	Work Sheet	Cost Report Part Title Line	Col.	Evalenction of Audit Adjustments	-	As	Increase	As Adiumand
	Корон	Oncer	Tart Trice Line	C01.	Explanation of Audit Adjustments RECLASSIFICATIONS OF REPORTED COSTS		Reported	(Decrease)	Adjusted
-Continu	ued from previous pa	ae-			NECLASSIFICATIONS OF REPORTED COSTS				
4	10A	A	56.00	7	Drugs Charged to Patients To adjust the provider's reclassification of drugs charged to patients to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		\$22,223,737	\$473,226	\$22,696,963
5	10A 10A	A A	6.06 60.00	7 7	Other Administrative and General Clinic To reclassify outpatient purchased services to the Clinic cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304	*	\$36,599,075 11,734,130	(\$2,413,399) 2,413,399	\$34,185,676 * 14,147,529 *
6	10A 10A	A A	6.06 99.01	7 7	Other Administrative and General Marketing and Public Relations To reclassify marketing, advertising and public relations expenses to a nonreimbursable cost center. 42 CFR 413.15, 413.9, and 413.24 CMS Pub. 15-1, Sections 2136.2, 2328, and 2304	*	\$34,185,676 0	(\$516,070) 516,070	\$33,669,606 * 516,070
7	10A 10A	A A	11.00 12.00	7 7	Dietary Cafeteria To reclassify costs from Dietary to Cafeteria for proper cost allocation. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sectons 2300, 2302.4B, 2304, and 2306	* :	\$3,937,804 2,672,764	(\$11,911) 11,911	\$3,925,893 2,684,675

Provide	er Name					Fiscal Period	F	rovider Num	ber	Adjustments
ARROV	HEAD REGION	AL MEDICAL CE	ENTER			JULY 1, 2006 THROUGH JUNE 30, 2007		ISC 30245W		36
		Report Reference		***************************************	***************************************					
		1	7							
			Cost Repor	t		•				
Adj.	Audit	Work						As	Increase	As Adjusted
No.	Report	Sheet	Part Title	Line	Col.	Explanation of Audit Adjustments		Reported	(Decrease)	Adjusted
						RECLASSIFICATIONS OF REPORTED COSTS			•	
8	10A	Α		22.00	7	Interns and Residents Services - Salary and Fringes Approved		\$6,759,507	(\$234,107)	\$6,525,400
	10A	Α		25.00	7	Adults and Pediatrics	*	32,264,551	(969)	32,263,582 *
	10A	Α .		26.00	7	Intensive Care Unit	*	9,836,863	(12,623)	9,824,240 *
	10A	. A		28.00	7	Burn Intensive Care Unit	*	3,705,628	(21,833)	3,683,795 *
	10A	Α		30.00	7 .	Neonatal Intensive Care Unit	*	6,149,577	(3,822)	6,145,755 *
	10A	Α	*	31.00	7	Subprovider	*	9,118,840	(138,292)	8,980,548
*	10A	Α		33.00	7	Nursery	*	2,847,224	(3,598)	2,843,626 *
	10A	Α		39.00	7	Delivery Room and Labor Room	*	6,714,253	(14,543)	6,699,710 *
	10A	. A		44.00	7	Laboratory	*	12,074,558	(48,915)	12,025,643 *
	10A	Α .		49.00	7	Respiratory Therapy	*	6,320,090	(2,458)	6,317,632 *
	10A	Α		49.01	7	Pulmonary Function	*	145,813	(2,457)	143,356 *
	· 10A	Α		50.00	7.	Physical Therapy	*	1,911,429	(3,303)	1,908,126 *
	- 10A	. A		51.00	7	Occupational Therapy	*	740,207	(3,303)	736,904 *
	10A	Α		53.00	7	Electrocardiology	*	1,720,150	(64,377)	1,655,773 *
	10A	Α		54.00	7	Electroencephalography		422,843	(20,942)	401,901
	10A	· A		57.00	7	Renal Dialysis	*	1,943,942	(2,223)	1,941,719 *
	10A	Α		58.00	7	ASC (Non-Distinct Part)		3,806,405	(53,714)	3,752,691 *
	10A	A :		60.01	7	Psych AES Unit		4,636,064	(103,017)	4,533,047 *
	10A	Α	•	37.00	7	Operating Room	*	8,512,945	17,804	8,530,749 *
	10A	Α		41.00	7	Radiology - Diagnostic	*	7,588,314	117,125	7,705,439 *
	10A	A [·]		60.00	7	Clinic	*	14,147,529	272,024	14,419,553 *
	10A	Α		61.00	7	Emergency	*	11,692,003	327,543	12,019,546 *
						To adjust the provider's reclassification of malpractice insurance costs				
						to agree with the provider's general ledger.				
				-		42 CFR 413.20 and 413.24				
						CMS Pub. 15-1, Sections 2300 and 2304			•	

State of California

Provide	r Name					Fiscal Period	Provider Num	ber	Adjustments
ARROW	HEAD REGION	IAL MEDICAL CE	ENTER .			JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
		Report Reference							
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	a 14.		Cost Rep	port					۸۵
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No.	Report	Sheet	Part Ti	itle Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Aujusteu
	•					RECLASSIFICATIONS OF REPORTED COSTS			
9	10A	Α		44.00	7	Laboratory	* \$12,025,643	(\$6,007)	\$12,019,636
٠.	10A	Â		49.00		Respiratory Therapy	* 6,317,632	(175,749)	6,141,883
	10A	Ä		49.01		Pulmonary Function	* 143,356	(236)	143,120
	10A	A		55.00		Medical Supplies Charged to Patients	27,711,366	(1,366,444)	26,344,922
	10A	Ä		71.00		Home Health Agency	* 1,297,093	(3,915)	1,293,178
	10A	Ä		6.03		Purchasing, Receiving and Stores	* 2,558,945	8	2,558,953
	10A	Â		15.00		Central Services and Supply	* 2,544,379	3,618	2,547,997
	10A	A		16.00		Pharmacy	* 7,574,455	202,850	7,777,305
	10A	Â		25.00		Adults and Pediatrics	* 32,263,582	68,808	32,332,390
	10A	Â		26.00		Intensive Care Unit	* 9,824,240	17,295	9,841,535
	10A	Â		28.00		Burn Intensive Care Unit	* 3,683,795	5,559	3,689,354
	10A	Ä		29.00		Surgical Intensive Care Unit	* 5,769,278	17,345	5,786,623
*	10A	A	*	30.00		Neonatal Intensive Care Unit	* 6,145,755	2,622	6,148,377
	10A	A		33.00			* 2,843,626	29	2,843,655
	10A					Nursery	* 8,530,749	60,036	8,590,785
		A		37.00		Operating Room	* 6,699,710	14,169	6,713,879
	10A	A		39.00		Delivery Room and Labor Room		806,980	8,512,419
•	10A	Α .		41.00		Radiology - Diagnostic	* 7,705,439	268	713,986
	10A	Α		41.01		Ultra Sound	* 713,718		442,377
	10A	A		43.00		Radioisotope	224,078	218,299	
	10A	. А		46.00		Whole Blood and Packed Red Blood Cells	* 2,660,481	83	2,660,564
	10A	Α		50.00		Physical Therapy	* 1,908,126	225	1,908,351
	10A	Α		51.00		Occupational Therapy	* 736,904	1	736,905
	10A .	Α		53.00		Electrocardiology	* 1,655,773	65,529	1,721,302
	10A.	Α		57.00		Renal Dialysis	* 1,941,719	5,844	1,947,563
	10A	Α		58.00		ASC (Non-Distinct Part)	* 3,752,691	21,279	3,773,970
	10A	Α		60.00		Clinic	* 14,419,553	3,535	14,423,088
	10A	Α		60.01		Psych AES Unit	* 4,533,047	1	4,533,048
	10A	` A		61.00	7	Emergency	* 12,019,546	37,943	12,057,489
	10A	Α		100.01	7	Other Nonreimbursable Cost Centers	309,062	25	309,087
				* x		To adjust provider's reclassification of medical supplies charged to			
		•			-	patients to agree with the provider's general ledger.			
						42 CFR 413.20 and 413.24			
						CMS Pub. 15-1, Sections 2300 and 2304			
							*		
*						*Balance carried forward from prior/to subsequent adjustments			Page

REGIONAL M Rep udit eport	Work Sheet			Col.	To adjust provider's reclassification of interest expenses due to	<u>+</u>	As Reported \$43,314,811	Increase (Decrease) (\$725,315)	As Adjusted \$42,589,496 *
udit eport	Work Sheet	Cost Repor	Line		Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED COSTS New Capital Related Costs - Building and Fixtures To adjust provider's reclassification of interest expenses due to	*	Reported	(Decrease)	Adjusted
oA	Sheet		Line		ADJUSTMENTS TO REPORTED COSTS New Capital Related Costs - Building and Fixtures To adjust provider's reclassification of interest expenses due to	*	Reported	(Decrease)	Adjusted
oA	Sheet		Line		ADJUSTMENTS TO REPORTED COSTS New Capital Related Costs - Building and Fixtures To adjust provider's reclassification of interest expenses due to	*	Reported	(Decrease)	Adjusted
	Α .		3.00	7.	ADJUSTMENTS TO REPORTED COSTS New Capital Related Costs - Building and Fixtures To adjust provider's reclassification of interest expenses due to	*	\$43,314,811	(\$725,315)	\$42,589,496 *
	A		3.00	7.	To adjust provider's reclassification of interest expenses due to	*	\$43,314,811	(\$725,315)	\$42,589,496 *
ΛΛ.			*		insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			. •	
0A 0.	A A		3.00 4.00		New Capital Related Costs - Building and Fixtures New Capital Related Costs - Movable Equipment To abate interest income against interest expense. 42 CFR 413.153(b)(2)(ii) / CMS Pub. 15-1, Section 202.2 CMS Pub. 15-2, Section 3613	*	\$42,589,496 6,081,325	(\$3,440,695) (18,860)	\$39,148,801 6,062,465
0A	Α .		6.06	7	Other Administrative and General	*	\$33,669,606		
					To eliminate year end adjustments for county transfers asset reserve recorded as administrative expenses in order to agree with the provider's supporting documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(\$6,800,000)	
	· ·				To eliminate outpatient ambulance costs which have been claimed and included for inpatient reimbursement. 42 CFR 413.9 / CMS Pub. 15-1, Sections 2104.1 and 2215 CCR, Title 22, Section 51527			(141,147) (\$6,941,147)	\$26,728,459
(OA.	OA A	DA A	OA A 6.06	OA A 6.06 7	To eliminate year end adjustments for county transfers asset reserve recorded as administrative expenses in order to agree with the provider's supporting documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 To eliminate outpatient ambulance costs which have been claimed and included for inpatient reimbursement. 42 CFR 413.9 / CMS Pub. 15-1, Sections 2104.1 and 2215	To eliminate year end adjustments for county transfers asset reserve recorded as administrative expenses in order to agree with the provider's supporting documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 To eliminate outpatient ambulance costs which have been claimed and included for inpatient reimbursement. 42 CFR 413.9 / CMS Pub. 15-1, Sections 2104.1 and 2215	To eliminate year end adjustments for county transfers asset reserve recorded as administrative expenses in order to agree with the provider's supporting documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 To eliminate outpatient ambulance costs which have been claimed and included for inpatient reimbursement. 42 CFR 413.9 / CMS Pub. 15-1, Sections 2104.1 and 2215	To eliminate year end adjustments for county transfers asset reserve recorded as administrative expenses in order to agree with the provider's supporting documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 To eliminate outpatient ambulance costs which have been claimed and included for inpatient reimbursement. (\$6,941,147) 42 CFR 413.9 / CMS Pub. 15-1, Sections 2104.1 and 2215

*Balance carried forward from prior/to subsequent adjustments

Provide	er Name					Fiscal Period	Provider Num	ber	Adjustments	
ARROW	HEAD REGION	IAL MEDICAL C	ENTER			JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		. 36	
		Report Referen				1,200 1111000110011200,2001	1100 332 1071			
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			Cost	Report						
Adj.	Audit	Work					As	Increase	As	
No.	Report	Sheet	Part	Title Lin	e	I. Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted	
		*				ADJUSTMENTS TO REPORTED COSTS	***************************************		1	
				•						
14	8	В	1	25	00 2	Adults and Pediatrics	(\$9,272,662)	\$9,272,662	\$0	
	8	В	1	26	00 2		(1,010,058)	1,010,058	0	
	8	В	1	28	00 2	Burn Intensive Care Unit	(629,216)	629,216	0	
	8	В	1	29	00 2		(579,541)	579,541	0	
	8	В	11	33	00 2	_	(761,683)	761,683	0	
	8	В	1	37	00 2	· · · · · · · · · · · · · · · · · · ·	(2,086,349)	2,086,349	0.	
	8	В	1	41	01 2	•	(231,816)	231,816	0	
	8	В	1	44	00 2	Laboratory	(33,117)	33,117	0	
	8	В	I	49	00 2	•	(115,909)	115,909	0	
	8.	B [,]	1	60	00 2		(1,672,391)	1,672,391	0	
*	8	, B	ı	- 61	00 2	Emergency	(165,583)	165,583	0	
	8	В	1	103	00 2		(16,558,325)	16,558,325	0	
						To reverse the provider's step-down adjustment relating to teach		. ,		
	h	,				cost for interns and residents.				
						42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Section 2304				

State of California

Provide	r Name					Fiscal Period	Provider Num	ber	Adjustments
ARROW	HEAD REGION	AL MEDICAL CE	ENTER			JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
		Report Reference	ces						
			Cost Rep	ort					
Adj.	Audit	Work	Cost Kep	OIL .	1		As	Increase	As
No.	Report	Sheet	Part Tit	le Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
	· · · · · · · · · · · · · · · · · · ·				1	ADJUSTMENTS TO REPORTED STATISTICS			
15	9	B-1		49.00	3,7,8	Respiratory Therapy (Square Feet)	0	3,868	3,868
	9	B-1		49.01		Pulmonary Function	3,868	(2,819)	1,049
i	9	B-1		50.00	3,7,8	Physical Therapy	1,049	6,080	7,129
	9	B-1		51.00	3,7,8	Occupational Therapy	7,129	(6,849)	280
	9	B-1		53.00	3,7,8	Electrocardiology	0	3,322	3,322
	9	B-1		54.00	3,7,8	Electroencephalography	3,322	(1,458)	1,864
	9	B-1		55.00	3,7,8	Medical Supplies Charged to Patients	1,864°	(1,864)	0
	9	B-1		3.00	3	Total - Square Feet	925,372	280	925,652 *
	9	B-1		7.00	7	Total - Square Feet	874,512	280	874,792 *
	9	B-1		8.00	8	Total - Square Feet	672,225	280	672,505 *
						To establish the correct square footage in order to properly allocate			
						indirect costs.			
						42 CFR 413.24 and 413.50	*		
						CMS Pub. 15-1, Sections 2304 and 2306	•		•
	. 4				_		. 40.750	(ECO)	12,194
16	9	B-1		6.06	3	Other Administrative and General (Square Feet)	12,756	(562) 562	12, 194 562
•	9	B-1		99.01		Marketing and Public Relations	. 074.700	562	875,354 *
ı	9	B-1	•	7.00	7	Total - Square Feet	* 874,792 * 672,505	562	673,067 *
	9	B-1		8.00	8	Total - Square Feet	* 672,505	302	100,610
						To reclassify marketing and public relations square footage to a			
						nonreimbursable cost center.			
		*				42 CFR 413.24 and 413.50			
						CMS Pub. 15-1, Sections 2306 and 2328		•	
17	9	B-1		12 00	370	Cafeteria (Square Feet)	17,785	738	18,523
1.1	9	B-1				Interns and Residents-Other Program Costs Approved	12,897	618	13,515
	9	B-1				Renal Dialysis	1,356	(1,356)	0
•	9	D+1	•	57.00	3,1,0	To establish the correct square footage in order to properly allocate	1,300	(.,500)	
						indirect costs and to agree with the prior year audit report			
						42 CFR 413.24 and 413.50			
						CMS Pub. 15-1, Sections 2304 and 2306	* *		
						Cities and the standard of the Education Comments and the Education Comment			
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	:	, , ,				*Balance carried forward from prior/to subsequent adjustments			Page 9

Provid	ler Name						Fiscal Period	Provider Nun	ber	Adjustments
ARRO\	WHEAD REGIONA	AL MEDICAL CI	ENTER				JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
		Report Referen	ces							
			Cost	Report						, .
Adj.	Audit	Work	T					As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
							ADJUSTMENTS TO REPORTED STATISTICS			
18	9	B-1			100.02	3,7,8	Unused Space (Square Feet)	0	28,546	28,546
	9	B-1			3.00	3	Total - Square Feet	* 925,652	28,546	954,198
	9	B-1	*		7.00	7	Total - Square Feet	* 875,354	28,546	903,900
	9	B-1			8.00	8	Total - Square Feet	* 673,067	28,546	701,613
			·				To establish the correct square footage in order to properly allocate indirect costs and to agree with the prior year audit report. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2328			
19 ⁻	9	B-1			25.00	6.04	Adults and Pediatrics (Gross Inpatient Revenue)	100,316,904	(988,586)	99,328,318
	9	B-1			26.00	6.04	Intensive Care Unit	26,632,250	(500,408)	26,131,842
	9	B-1			29.00	6.04	Surgical Intensive Care Unit	22,401,866	(38,252)	22,363,614
	9	B-1			37.00	6.04	Operating Room	63,684,640	104,736	63,789,376
	9	B-1			6.04	6.04	Total - Gross Inpatient Revenue To adjust gross inpatient revenue statistics to agree with the provider's records. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	689,164,847	(1,422,510)	687,742,337

Prov	ider Name						Fiscal Period	Provider Num	ber	Adjustments
ARR	OWHEAD REGIONAL N	MEDICAL C	ENTER				JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
	Re	port Referen	ices							onto the contract of the second of the secon
			Cost R	eport						
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No.	Report	Sheet	Part	Title Lir	ie	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
							ADJUSTMENTS TO REPORTED PATIENT DAYS			
20	4, Desig Pub Hosp 4	D-1	1	1	.00	1	Adults and Pediatrics - Total	68,414	18,812	87,226 *
	4, Desig Pub Hosp 4	D-1		3	3.00	1	Adults and Pediatrics - Private Room Days	68,414	18,812	87,226 *
	N/A	S-3	ł	14	1.00	6	Subprovider - Total	.18,812	(18,812)	0
							To reclassify Subprovider Psychiatric total inpatient days to Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1			
21	4, Desig Pub Hosp 4	. D-1		1	.00	1	Adults and Pediatrics - Total	* 87,226	1,196	88,422
	4. Desig Pub Hosp 4	D-1	ı		3.00	1	Adults and Pediatrics - Private Room Days	* 87,226	1,196	88,422
	4A, Desig Pub Hosp 4A	D-1	11 .	42	2.00	2	Nursery - Total	8,111	(609)	7,502
	4A, Desig Pub Hosp 4A	D-1	11	43	3.00	2	Intensive Care Unit - Total	6,208	(497)	5,711
	4A, Desig Pub Hosp 4A	D-1	II	46	5.00	2	Surgical Intensive Care Unit - Total To adjust total patient days to agree with the provider's hospital census records, and to reflect the change in the private room days. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1 Sections 2205, 2300, and 2304	4,992	(78)	4,914

Provi	der Name					Fiscal Period	Provider Num	ber	Adjustments
ARRO	WHEAD REGIONAL	MEDICAL CI	ENTER			JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
	F	Report Referen	ces						
			Cost F	Report				·	
Adj.	Audit	Work					As	Increase	As
No.	Report	Sheet	Part	Title Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
						ADJUSTMENT TO REPORTED TOTAL CHARGES			v.
22	5, Desig Pub Hosp 5	С	1	37.00	8	Operating Room	\$72,936,474	(\$9,147,098)	\$63,789,376
	5, Desig Pub Hosp 5	С	1	58.00	8	ASC (Non-Distinct Part)	20,023,652	9,251,634	29,275,286
	5, Desig Pub Hosp 5	С	1	103.00	8	Total Ancillary Charges	818,428,763	104,536	818,533,299
			•			To adjust total charges to agree with the provider's records. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2204, 2206, 2300, and 2304			

Provide	er Name	•					Fiscal Period	Provider Num	ber	Adjustments
ARROV	VHEAD REGION	AL MEDICAL CI	ENTER				JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
		Report Referen	ces							
							•			
۸ ط:	Audit	Work	Cost	Report	Г					۸
Adj. No.	Report	Sheet	Part	Title	Line	Col.	Evaluation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
140.	report	Sileet	I all	TILLE			Explanation of Audit Adjustments		(Decrease)	Aujusteu
					AD.	<u> 1051</u>	MENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NOT	NCONTRACT	•	,
23	4	D-1	ı	· V	9.00	1	Medi-Cal Days - Adults and Pediatrics	622	(622)	0
24	[,] 6	D-4		٧	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$10,666	(\$10,666)	\$0
	6	D-4		V	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	9,694	(9,694)	0.
	6	D-4		V	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	14,459	(14,459)	0
	6	D-4		V	41.01	2	Medi-Cal Ancillary Charges - Utlra Sound	3,619	(3,619)	0
	6	D-4		V	44.00	2	Medi-Cal Ancillary Charges - Laboratory	126,752	(126,752)	0
	6	D-4		V	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	1,779	(1,779)	. 0
	6.	D-4		V	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	21,481	(21,481)	0
	6	D-4		V	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	35,007	(35,007)	0
	6 .	D-4		V	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	7,228	(7,228)	0
	6	D-4		V	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	2,126	(2,126)	0
	6 .	D-4		V	53.00	2.	Medi-Cal Ancillary Charges - Electrocardiology	4,545	(4,545)	0
	6	D-4		V	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	164,026	(164,026)	0
	6	. D-4		V	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	172,241	(172,241)	0
	6	D-4		V	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	3,010	(3,010)	0
	. 6	D-4		V	60.00	2	Medi-Cal Ancillary Charges - Clinic	203	(203)	0
	6.	D-4		V	61.00	2	Medi-Cal Ancillary Charges - Emergency	172	(172)	0
	6	D-4		V	101.00	2	Medi-Cal Ancillary Charges - Total	577,008	(577,008)	0
25	2	. E-3	111	٧	10.00	1	Medi-Cal Routine Service Charges	\$939,842	(\$939,842)	\$0
	2	E-3	III	V	11.00	1	Medi-Cal Ancillary Service Charges	577,008 ⁻	(577,008)	. 0
26	1	E-3	HI	٧	57.00	1	Medi-Cal Interim Payments	\$313,920	(\$313,920)	\$0
							To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: May 15, 2009 Payment Period: July 1, 2006 through May 8, 2009 Service Period: July 1, 2006 through June 30, 2007			

42 CFR 413.20, 413.50, 43.53, 413.60, 413.64, and 433.139

CMS Pub. 15-1, Sections 2304, 2404, and 2408

CCR, Title 22, Section 51541

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Provi	ider Name						Fiscal Period	Provider Num	ber	Adjustments
ARRO	WHEAD REGIONAL	MEDICAL CE	ENTER	₹			JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
	F	Report Reference	ces							
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Adj. No.	Audit Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
140.	report	Sneet	Fait	inte	L				(Decrease)	Adjusted
					ADJ	0011	<u>MENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DES</u>	SIG PUB HUSP		
27	Desig Pub Hosp 4	D-1		XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	29,345	(2,174)	27,171 *
21	Desig Pub Hosp 4A	D-1	11	XIX	42.00	4	Medi-Cal Days - Nursery	5,845	(243)	5,602
	Desig Pub Hosp 4A Desig Pub Hosp 4A	D-1	†1	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	2,321	(74)	2,247
	Desig Pub Hosp 4A	D-1) []	XIX .	45.00	4	Medi-Cal Days - Intensive Care Ont	738	(75)	663
	Desig Pub Hosp 4A	D-1	11	XIX	46.00	4	Medi-Cal Days - Surgical Intensive Care Unit	1,939	(50)	1,889
	Desig Pub Hosp 4B	D-1	 II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	6,093	(284)	5,809
	= -3.9		••	(•	The state of the s	2,000	(-5.)	-1
28	Desig Pub Hosp 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$20.065.852	\$621,882	\$20,687,734
	Desig Pub Hosp 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	13,252,915	(3,693,063)	9,559,852
	Desig Pub Hosp 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	15,814,795	(3,377,421)	12,437,374 *
	Desig Pub Hosp 6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - Ultra Sound	839,614	(196,720)	642,894 *
	Desig Pub Hosp 6	D-4	•	XIX	42.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	28,476	(9,273)	19,203
	Desig Pub Hosp 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	155,189	(27,241)	127,948
	Desig Pub Hosp 6	D-4		XIX	44.00	. 2	Medi-Cal Ancillary Charges - Laboratory	25,844,669	(3,252,232)	22,592,437 *
	Desig Pub Hosp 6	D-4		XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	3,816,529	(1,168,726)	2,647,803
	Desig Pub Hosp 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	26,417,230	(2,071,297)	24,345,933
	Desig Pub Hosp 6	D-4		XIX	49.01	2	Medi-Cal Ancillary Charges - Pulmonary Function	3,587	633	4,220
	Desig Pub Hosp 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	1,182,022	68,833	1,250,855 *
	Desig Pub Hosp 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	326,109	48,856	374,965 *
	Desig Pub Hosp 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	317,981	(173,859)	144,122 *
	Desig Pub Hosp 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	3,855,901	(1,093,109)	2,762,792
	Desig Pub Hosp 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	124,515	(94,544)	29,971
	Desig Pub Hosp 6	D-4		XIX	55.00	2 .	Medi-Cal Ancillary Charges - Medical Suplies Charged to Patients	39,223,955	(7,869,676)	31,354,279
	Desig Pub Hosp 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	32,572,258	(4,251,679)	28,320,579 *
	Desig Pub Hosp 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	1,045,492	(240,887)	804,605
	Desig Pub Hosp 6	D-4		XIX	60.00	2	Medi-Cal Ancillary Charges - Clinic	134,798	(134,798)	0
	Desig Pub Hosp 6	D-4		XIX	60.01	2	Medi-Cal Ancillary Charges - Psych AES Unit	231,943	(231,943)	0
	Desig Pub Hosp 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	8,426,558	(2,561,019)	5,865,539
	Desig Pub Hosp 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	193,680,388	(29,707,283)	163,973,105 *
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							-Continued on next page-			
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*Balance carried forward from prior/to subsequent adjustments

Provi	der Name						Fiscal Period	Provider Num	ber	Adjustments
ARRO	WHEAD REGIONAL	MEDICAL C	ENTER				JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
	R	eport Referer	nces							
			Cost	Report						
Adj.	Audit	Work						As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
	•				ADJ	USTN	MENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DESIG	PUB HOSP	•	
-Contin	ued from previous page	-								
29	Desig Pub Hosp 2	E-3	111	XIX	10.00	-1	Medi-Cal Routine Service Charges	\$115,813,563	(\$22,840,184)	\$92,973,379 *
	Desig Pub Hosp 2	E-3	lii	XIX	11.00	1	Medi-Cal Ancillary Service Charges	193,680,388	(29,707,283)	163,973,105 *
30	Desig Pub Hosp 3	E-3	111	XIX	33.00	1	Medi-Cal Deductibles	\$298,677	\$17,846	\$316,523
1	Desig Pub Hosp 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	163,310	154,178	317,488 *
	Desig Pub Hosp 1	E-3	Ш	XIX	57.00	1	Medi-Cal Interim Payments	114,304,191	(68,896,367)	45,407,824 *

To adjust Medi-Cal Settlement Data to agree with the following EDS

Paid Claims Summary:

Report Date: May 12, 2009

Payment Period: July 1, 2006 through May 8, 2009 Service Period: July 1, 2006 through June 30, 2007

42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139

CMS Pub. 15-1, Sections 2304, 2404, and 2408

CCR, Title 22, Section 51541

Provider Name							Fiscal Period	Provider Number		Adjustments
ARROWHEAD REGIONAL MEDICAL CENTER							JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
Report References									·	
			Cost	Report						
Adj.	Audit	Work						As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
	•				<u>AD.</u>	<u>JUST</u>	<u>MENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NON</u>	CONTRACT		
31	Desig Pub Hosp 4	D-1	ı	XIX	9.00	. 1	Medi-Cal Days - Adults and Pediatrics	27,171	1,091	28,262
32	Desig Pub Hosp 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$12,437,374	\$15,206	\$12,452,580
	Desig Pub Hosp 6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - Ultra Sound	* 642,894	2,947	645,841
	Desig Pub Hosp 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	* 22,592,437	250,158	22,842,595
	Desig Pub Hosp 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	1,250,855	72,842	1,323,697
	Desig Pub Hosp 6	D-4.		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	374,965	14,153	389,118
	Desig Pub Hosp 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Therapy	144,122	3,648	147,770
	Desig Pub Hosp 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	* 28,320,579	375,119	28,695,698
	Desig Pub Hosp 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	163,973,105	734,073	164,707,178
33	Desig Pub Hosp 2	E-3	111	XIX	10.00	1	Medi-Cal Routine Service Charges	* \$92,973,379	\$1,657,027	\$94,630,406
	Desig Pub Hosp 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	163,973,105	734,073	164,707,178
34	Desig Pub Hosp 3	E-3	111	XIX	36.00	1	Medi-Cal Coinsurance	\$317,488	\$275	\$317,763
	Desig Pub Hosp 1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	45,407,824	610,065	46,017,889

To adjust Medi-Cal Settlement Data to agree with the following

EDS Paid Claims Summary: Report Date: May 15, 2009

Payment Period: July 1, 2006 through May 8, 2009 Service Period: July 1, 2006 through June 30, 2007

42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139

CMS Pub. 15-1, Sections 2304, 2404, and 2408

CCR, Title 22, Section 51541

Provider Name							Fiscal Period	Provider Number		Adjustments
ARROWHEAD REGIONAL MEDICAL CENTER							JULY 1, 2006 THROUGH JUNE 30, 2007	HSC 30245W		36
Report References										
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Adj.	Audit	Work		$\overline{}$				As	Increase	As
No.	Report	Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted
							ADJUSTMENTS TO OTHER MATTERS			
35	1	E-3	III	, v	54.00	1	Direct Graduate Medical Education Payments To eliminate direct graduate medical education payments that have been claimed and included for inpatient reimbursement. CCR, Title 22, Section 51458.1	\$240,522	(\$240,522)	\$0
36	Desig Pub Hosp 1	N/A					Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$97,825	\$97,825